

LaSallian Consortium Check-Off Form For Accepted Study Abroad Students

School Currently Attending: _____

Name: _____

Local Address: _____

Home Address: _____

I.D.# _____ E-Mail _____

Home Phone: _____ Cell Phone: _____

I will be studying abroad on a Lasallian Study Abroad Program with:

Name of U.S. Lasallian School _____

Name and location of study abroad school _____

Fall Term 20____ Spring Term 20____ Summer Term 20____

Signed: _____ Date: _____

Clearance must be obtained from the following offices prior to the end of the term that you are currently studying in:

Business Office _____

Financial Aid _____

Academic Advisor _____

Study Abroad Director _____

Approved/Denied Registrar _____ Date: _____

The Study Abroad Director from the sending school must send this form to the Study Abroad Director at the receiving school before the deposit deadline.