

chatham UNIVERSITY

OFFICE OF INTERNATIONAL AFFAIRS

International Studies Certificate Verification Form

Students: Please fill in the below information. When form is completed with all signatures, please submit with your study abroad application to Study Abroad Coordinator. Thank you.

Today's Date: _____

Student name _____

Student number: _____

Degree to be completed: (please circle) Bachelor Masters Doctorate

Major (s): _____

Minor(s): _____

International Studies Certificate region: _____

Where will you study abroad (program and location)? _____

Term abroad (Fall, Spring, or Summer *and* Year): _____

Please have your International Studies Certificate regional coordinator complete the below section.

The above student completed one half of the credits toward the above International Studies Certificate as of: (please fill in year)

May 20 ____

August 20__

July 20 __

December 20__

I approve the above student's intended study abroad toward completion of International Studies Certificate.

Signature of International Studies Certificate regional coordinator

Print Name

Title

Date