

**UNIVERSITY OF DENVER, STUDY ABROAD PROGRAMS**

# College of Law - Study Abroad Student Request

DU ID #:

Date:

Name (Last, First, Middle):

City and Country of Destination:

Sponsoring University:

Street Address of Sponsoring University/Program:

City, State, ZIP:

Phone #:

Term of Study:	Fall 20__	Spring 20__	Summer 20__	Length of Study:	Semester	Year	Summer
Dates of program #1:							
Dates of program #2 (if applicable):							
Are you a transfer student or have you transferred any credits into DU previously? Y / N      If so, how many?							

Please list the courses you are proposing to take abroad: Please attach the course descriptions.  
You are allowed up to 8 semester hours of transfer work from the program.

Title	Credit Hours

Faculty Member Signature/ Date

Dean of Academic Affairs Signature/Date

Registrar Signature/Date

*NOTE: Attach completed Financial Aid Consortium Agreement if applicable  
Once approved, a letter of good standing will be sent to the Sponsoring University.  
Your study abroad plans will be shared with other DU offices.*

Office Use Only  
**GS**

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Gender: F M	Date of Birth: / /	Ethnicity (optional):
Citizenship: (circle one)	U.S. Permanent Resident	Other:

Student Email Address:

Passport #:

**Current Address:**

Phone :

City, State, ZIP:

Use Until:

**Permanent Address:**

Phone:

City, State, ZIP:

Fax:

**Emergency Contact:**

**Relationship to Student:**

Address:

Home Phone:

City, State, ZIP:

Work Phone:

Email Address:

Fax: