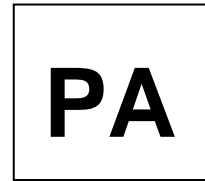


Student ID # _____

Student Name _____



Residential Advisor Approval Form

Name of intended school or organization for enrollment

Start and finish date of attendance

City, country of intent

My enrollment will be held only for the semester of approved study abroad. Otherwise, I will be required to apply for re-admission and be subject to Liberty University policies governing broken enrollment.

ACADEMIC INFORMATION (to be completed by professional advisor)

Cumulative hours completed (must be a sophomore or higher)

Cumulative GPA (3.0 or higher recommended)

Student's anticipated graduation date (month/year)

Academic Major (must be declared)

(Yes or No) Student has reviewed the degree completion plan (DCP) with professional advisor and is aware of implications including:

- *No more than 50-percent of major can be transferred in
- *Professional advisor has reviewed the PA form with student
- *Professional advisor has reviewed the Course Substitution form
- *A degree completion plan (DCP) print-out **must be attached** to this form for further processing

Advisor Signature and Date

Student Signature and Date

Advisor Remarks:
