STUDENT: This form is submitted by you to the Study Abroad Administrator. Complete Section I of this form and give it to your academic advisor or the campus official responsible for assisting you in determining your academic schedule to complete Section II. It is the responsibility of the applicant to advise all persons supporting the application of appropriate deadlines for submission of application materials.

"Your application will not be considered until the Study Abroad Administrator at Naropa University receives this form."

Section I

Student Name ______________ Telephone ______________

In compliance with the Family Education Rights Privacy Act of 1974, the candidate is given access to this reference unless access is waived by completing the following statement:

"I _______________________________ waive my right to access this reference."

Signed _______________________________ Date ____________________

Section II

ADVISOR: The study abroad application for the student named above will not be complete until we receive this form indicating the student has been advised on how studying abroad will impact his/her graduation timetable and your comments about the applicant.

What is the student’s current GPA (grade point average)? __________

Does this student have any current or previous behavioral suspensions? If so for what reason:

What is your general estimate of this student as a candidate for study abroad at the Royal University of Bhutan?

Will the student's participation in study abroad delay his/her graduation? Yes  No

Will the credits earned by this student at Naropa University’s Bhutan Study Abroad program abroad be accepted towards this student's degree program?

Yes, but final approval cannot be granted until after the student completes the program.

Yes, but subject to the conditions listed below.

No, for the reasons listed below.

Do you recommend this student? Yes  Yes, with the reservations below. No

If you have any additional comments, you may write them on the reverse side of this form or attach a separate sheet of letterhead. Thank you.

Dr/Mr/Ms ________________

Position ________________ Institution ________________

Telephone ________________ E-mail ________________

Signature ________________ Date ________________