

INTERNATIONAL OFFICE

Study Abroad Advisor's, SOCRATES coordinator's or Dean's Reference

TO THE STUDENT: Please complete the top portion of this form, including the waiver, and give the form to a **Dean, Study Abroad Advisor, or other official of your university** (such as the SOCRATES coordinator - *European exchange only*).

Name of Student

Home College or University

Dates of proposed study at Lancaster

I hereby authorise the completion of this form. I waive my right to this information and understand that it will be used only for the purpose for which it was prepared.

..... Yes No

TO THE STUDY ABROAD ADVISOR, DEAN OR REGISTRAR: The above-named student is applying for the Study Abroad Program at Lancaster University. Please comment below on the academic standing of the student and on whether or not you support this application for study abroad.

For how long, and in what capacity, have you known the applicant?

Name Signature

Title

College or University e-mail

Telephone ..(.....)..... Date

**Please return this form by air mail directly to: The International Office, University House
Lancaster University
Lancaster LA1 4YW, England
Telephone: 011 44 1524 592035**