

**AIRC / COLLEGE OF THE HOLY CROSS PROGRAM IN ROME
APPROVAL OF STUDENT PARTICIPATION FORM**

TO THE APPLICANT:

First Name Last Name

Local Address

Cell Phone E-mail

College/ University Major / Minor

Below is a statement that must be signed by the appropriate person on your campus. **After you obtain appropriate approval signature of a Dean, Study Abroad Advisor, or Registrar, you must sign below.** It is for faculty advisors and academic departments to decide on the appropriate transfer of academic credit for courses taken abroad. You are responsible for researching how the program courses apply to your overall academic requirements.

TO THE DEAN, STUDY ABROAD ADVISOR, OR REGISTRAR:

Please check the appropriate box and sign below. Please return promptly to the applicant as the candidate's application will not be reviewed until we receive this form.

- I approve the applicant to apply to the AIRC/Holy Cross Program in Rome. By signing this participation form I agree that my institution will accept the grades from Holy Cross, including Holy Cross insurance charges should the waiver of insurance not be returned to holy Cross.*
- I do not approve the applicant to study abroad at the AIRC / Holy Cross Program in Rome.*

This form should be signed by the individual who is responsible for approving credit transfer.

Signature Date

Name (Please Print) Title

Institution

Address

() _____
Phone Fax E-mail

Applicant signs here: (Please sign **after** you have received the appropriate signature below.)
I have read the statement above and understand the credit transfer policy of my home institution.
Student Signature _____ Date _____