



Institutional Approval for Study at
Central European University
in Budapest, Hungary

This statement is to be completed by the individual authorized to grant leave for study abroad; usually the applicant's adviser or dean, or the study abroad office.

Applicant's name: _____

TO THE APPLICANT: For the convenience of your referrer, complete the top portion of this form yourself and provide your referrer with a stamped envelope addressed to:

Study Abroad at Central European University, PO Box 6216, Astoria, New York, NY 11106

- Students register for up to 16 credit hours for Fall or Spring semesters
- Formal course registration takes place during orientation at Central European University at the beginning of each semester.

TO THE ADVISOR/DEAN: The following section is to be completed and signed by the applicant's academic adviser, study-abroad adviser, or dean.

This student is applying for admission to study abroad at Central European University in Budapest, Hungary (<http://ceu.bard.edu>). Please answer the following questions regarding this student. Attach an extra page if necessary.

1. Is the applicant in good academic standing? Yes No
If no, please explain:

2. Has the applicant obtained the necessary approval from your institution to study abroad? Yes No
If no, please explain:

3. Will the applicant be permitted to transfer credit for courses taken on a pass/fail basis? Yes No

Study Abroad at Central European University

PO Box 6216, Astoria, New York, NY 11106

Tel: 845-758-7875 Fax: 347-730-6813 or 845-758-7040 E-Mail: ceu@bard.edu Web: <http://ceu.bard.edu>

4. Study abroad at CEU demands a high level of maturity, flexibility, and self-discipline from its students. Based on your knowledge of the student's academic record and general social adjustment to college life, will the applicant be able to conduct himself/herself well in demanding situations far from home? Yes No

In case you have any questions regarding this form please contact Dr. Maciej Bartkowski, CEU Director of Recruitment, North America, at bartkowski@ceu.hu or 845-546-1621.

Name of academic/study abroad adviser or dean _____

Phone _____

Title _____

I certify that all information in this application is complete and accurate. Date _____

Please return this completed form by saving this file and e-mailing it to ceu@bard.edu or printing this form and mailing or faxing it to the address below:

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