



ADVISOR FORM

Each applicant must meet with his/her academic advisor and the CIMBA advisor in the Office for Study Abroad prior to participation in CIMBA. After obtaining the necessary signatures, please submit to the CIMBA Office in C300 PBB.

- A.** A criterion for admission is that each student is able to complete a full complement of courses that will ensure continued progress toward the student's degree objective. Meeting with your academic advisor is the best way for you, as a student, to make sure you can accomplish this important goal. Please complete the information below and take this form with you to meet with your academic advisor. Ask your academic advisor to complete and sign at the bottom of this section.

Student Name: _____

Major: _____

Semester and year you plan to participate: Fall _____ Spring _____ Summer _____

List the courses you would like to complete during your study in Italy and indicate the specific degree requirement the course will meet:

	<input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> General Education <input type="checkbox"/> Major <input type="checkbox"/> Other (please specify) _____
	<input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> General Education <input type="checkbox"/> Major <input type="checkbox"/> Other (please specify) _____
	<input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> General Education <input type="checkbox"/> Major <input type="checkbox"/> Other (please specify) _____
	<input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> General Education <input type="checkbox"/> Major <input type="checkbox"/> Other (please specify) _____
	<input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> General Education <input type="checkbox"/> Major <input type="checkbox"/> Other (please specify) _____

To the academic advisor: By signing below you acknowledge that the student named above has met with you to discuss his/her plans to participate in the CIMBA Italy Program during the term noted above and that, to the best of your knowledge, progress toward the student's academic objective will be maintained. It is our assumption that the student will discuss with you a proposed plan of study, including selection of specific courses to be completed as part of this program.

Advisor's signature: _____ Date: _____

Print name: _____ Department: _____

Email: _____ Phone: _____

- B.** All applicants must also meet with the UI Office for Study Abroad. Call Study Abroad to make an appointment in 1111 University Capitol Centre to ensure that they have completed the necessary paperwork and are aware of the mandatory University of Iowa Study Abroad fee of \$400. Please call 335-0353 to schedule an appointment and please ask the advisor to sign below.

Office for Study Abroad Signature: _____ Date: _____

Print name: _____ Phone: _____