

Return completed materials to:

**Instituto Hemingway**  
**Bailen 5, 2 Dcha**  
**48003 Bilbao-Spain**  
**Telephone: (34) 94 416 57 48**  
**Fax: (34) 94 416 57 48**

## Instituto Hemingway Advisor Approval Form

*Expand. Explore. Experience.*

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Program Destination: \_\_\_\_\_ Program Session: \_\_\_\_\_  
Secondary Destination (if applicable): \_\_\_\_\_ Program Session: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

I do not plan on using the credits from my Instituto Hemingway program toward my degree at my home institution. I understand that by not having my advisor sign this form, I may not receive credit.

### College Official Questionnaire:

(Must be completed by the college official on your campus responsible for approving study abroad)

1. Is this student in good academic standing? Yes No

If No, please

explain: \_\_\_\_\_

2. Has this student secured the necessary approval from your institution to study abroad?

Yes No If No, please explain:

3. Will the credits earned by this student in a Instituto Hemingway program be accepted towards the student's degree program?

- Yes, transfer credit will be accepted
- Yes, but final approval cannot be granted until after the student successfully completes the program and the student's transcript is received at the end of the program
- Yes, but subject to the following conditions:  
\_\_\_\_\_
- No, transfer credit will not be accepted.

Advisor Name (please print)

Title

Advisor Signature

Date

Advisor Telephone

Fax (email)

Advisor address

**Student Agreement**

I have read the above statement and understand the credit transfer policy of my home institution. - Or - I have checked the box above stating that I will not use credit for my home institution.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_