

**Washington University - College of Arts and Sciences Overseas Programs
Summer Study Abroad Application for WU Approved Programs**

ACADEMIC RECORD FORM

This form will be used to obtain your official WU transcript which will be evaluated as part of the application process.

Student: Last name: _____ First Name: _____ Middle Initial: _____
 Period of intended study abroad: Summer: 20__

 Country Foreign Institution or Program Name Primary Subject to be Studied Abroad

WU Student: Please sign below to authorize the Office of International and Area Studies to request, receive, and distribute official WU transcripts of your academic record on your behalf in support of your application for study abroad.

_____ Student's Signature _____ WU Student Number _____ Date

*Note: If you transferred to WU from another college or university, an official transcript from that institution may be required as well. Please clarify the requirement with the Office of International and Area Studies.

Non-WU Student: Please arrange for official transcript(s) covering your college level academic work to be mailed directly to: **Office of International and Area Studies, Campus Box 1088, One Brookings Drive, Washington University, St. Louis, MO 63130.** Please wait for the grades for recent or current courses to be posted (i.e., include grades for fall semester if applying for next summer, fall semester, or academic year abroad; include grades for spring semester if applying for next spring semester abroad). Please list other courses, if any, to be taken prior to participation in the program.

| Course Title | Credits | College or University |
|--------------|---------|-----------------------|
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