



Home College Approval Form

I. STUDENT: Please have this form completed by your home college Records Manager, Director of Advising, or Student Services Dean and return to Shelly Griffin at 215 University Place, Newhouse 3-Suite 318.

Student's Name: \_\_\_\_\_ SUID: \_\_\_\_\_

Home College: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

II. COLLEGE OFFICIAL: The student named above is applying for admittance into the Syracuse University Los Angeles Semester program. If selected, the student is expected to enroll in a full time SULA academic program which includes a 20 hour per week "for academic credit" internship at a Los Angeles based company.

Is this student currently in good academic standing? Yes No

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has this student been subject to previous academic action? Yes No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has this student been subject to previous or current disciplinary action? Yes No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Will credits earned by the student in the SULA Semester program be applied toward completion of a degree awarded by your institution? Yes No

Yes, on the following condition(s) :

\_\_\_\_\_  
\_\_\_\_\_

Have you discussed an academic plan with this student that includes participation in the SULA Semester program?

Yes No

Home College Recommendation:

- Yes, this student has permission to participate in the SU Los Angeles Semester program
- No, this student has been advised they should not participate in the SU Los Angeles Semester program

Additional Comment(s): \_\_\_\_\_

\_\_\_\_\_

Name of College Official: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_