

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: _____