



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY  
International Programs & Partnerships

Edinburg Campus Location: STAC 3.128  
Phone: 956-665-3572

Brownsville Campus Location: MAIN 1.308  
Phone: 956-882-8955

**PARTICIPATION APPROVAL FORM**

STUDENT \_\_\_\_\_ UTRGV SID # \_\_\_\_\_  
PROGRAM(S) \_\_\_\_\_ COURSE 1 \_\_\_\_\_ COURSE 2 \_\_\_\_\_  
MAJOR \_\_\_\_\_ M/M 20 \_\_\_\_\_ SSI 20 \_\_\_\_\_ SSII 20 \_\_\_\_\_ W/B 20 \_\_\_\_\_ FALL 20 \_\_\_\_\_ SPRING 20 \_\_\_\_\_

Agree / Disagree

**Student Applicant**

\_\_\_OR\_\_\_ *By signing this form, I certify that I understand and accept that I am responsible for the duties related to my participation in a study abroad program and authorize the release and sharing of my confidential records among university offices. If there is the possibility of a change in my current status, I must discuss my case with my program advisor, otherwise, I may no longer qualify for enrollment, and I may not be eligible for a refund.*

\_\_\_OR\_\_\_ *I certify that I have read the study abroad application process and the information I have provided in this application is true and accurate.*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Rights and Responsibilities Office**

*Edinburg Campus – University Center - UC 315  
Brownsville Campus – Cortez Hall – 204*

Y\_\_\_OR N\_\_\_ *Does the above student have any disciplinary reports?  
\*If Yes, it is at the discretion of IP&P to allow the applicant to participate based on the nature of the offense.*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Course Instructor 1**

Y\_\_\_OR N\_\_\_ *I give permission for this student to participate in the Study Abroad Course 1 mentioned above.*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Course Instructor 2 (if applicable)**

Y\_\_\_OR N\_\_\_ *I give permission for this student to participate in the Study Abroad Course 2 mentioned above.*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Academic Advisor**

Y\_\_\_OR N\_\_\_ *I certify that I have advised the student regarding their degree plan and the study abroad course(s).*

Y\_\_\_OR N\_\_\_ *I certify that the study abroad course(s) listed above can be used in the student's degree plan.*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y\_\_\_OR N\_\_\_ *I have met with my advisor and understand the comments listed above*