



Request for Waiver of GPA Requirement for Study Abroad Semester

Valdosta State University

Center for International Programs

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This form should only be submitted by students who have GPAs BELOW 2.0 who plan to study abroad.

TO: _____, Academic Dean

FROM: Center for International Programs

DATE: _____

SUBJECT: Student's Request for Waiver of Study Abroad
GPA. Requirement

Student's Name: _____

VSU ID: _____

The above-named student has requested a waiver of the 2.0 G.P.A. requirement for Study Abroad and has submitted a letter in support of this request.

The student has applied to study _____2016
_____2017

Please review this student's case and indicate your response below. If the student has been approved with conditions, outline the conditions including time frame. Please be specific. If the student has been denied, please comment on the denial if appropriate.

WAIVER OF GPA REQUIREMENT DECISION:

____ Approved (no conditions) ____ Approved (with conditions) ____ Denied

For GPA Waivers where grades are referenced as a condition, indicate whether the specified grade is for:

- Each current semester course, an individual course (list course _____),
- End of current-term GPA, or other _____.

COMMENTS AND/OR CONDITIONS:

Date by which condition must be met: _____

Signature of Academic Dean: _____ Date: _____

Please send back to Center for International Programs - **Study Abroad**