**Study Abroad Release Form**

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| Student Surname |  | Student First name |  |
| Student E-mail |  | | |
| Student ID Number | B00 | Campus |  |
| Faculty |  | | |
| Tick as appropriate | International Student Exchange Programme only (ISEP) | Partner Institution Route\* | |
|  | Study USA Programme (British Council) | |
| Course Title |  | | |
| Course Code |  | Current Year of Study |  |
| Tick as appropriate | Full Year DIAS (120 credits)  Semester 1 (60 credits)  Semester 2 (60 credits) | | |

The above-named student should have discussed their study abroad options with you and their wish to apply for either; one semester (if available within their degree course) or a full year studying abroad (third year intercalary/DIAS). In signing this form, you agree that you have consulted with the student and confirmed that academic requirements are met.

Please complete and sign this form if you are willing to release this student from their degree course to study abroad.

|  |  |
| --- | --- |
| Course Director/Placement Tutor Name |  |
| Course Director/Placement Tutor Signature |  |
| Course Director/Placement Tutor E-mail |  |
| Appropriate Study Abroad module code or DIAS code |  |

Completed and signed form to be returned to [goglobal@ulster.ac.uk](mailto:goglobal@ulster.ac.uk)