

Request for Waiver of GPA Requirement for Study
Abroad Semester
Valdosta State University
Center for International Programs
ADDRESS 1500 N Patterson St € Valdosta, GA € 31698-0037
PHONE (229) 333-7410 € EMAIL studyabroad@valdosta.edu

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 you can [study
