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## **Permission to Participate in an AmeriSpan Study Abroad Program**

Please have this form signed by your study abroad advisor and return it with your application.

Dear Study Abroad Advisor,

We want your students to have the best possible study abroad experience with AmeriSpan. To help insure this, we feel it is essential that your office be informed and involved. Please confirm (by filling out this form) that this student understands the procedures for transfer of credits to your school as well as use of financial aid (if applicable). Should you have any questions about our programs and services, please do not hesitate to contact me.

Thank you for your collaboration!

AmeriSpan Study Abroad  
info@amerispan.com  
(800) 879-6640

Name of Student: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Study Abroad Advisor Name: \_\_\_\_\_

Study Abroad Advisor Phone: \_\_\_\_\_

Study Abroad Advisor E-mail: \_\_\_\_\_

\*Please indicate the contact person and address of where your transcript is to be forwarded at the completion of your program, thank you.

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

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