**ERASMUS/STUDY ABROAD 2017/2018**

**ACADEMIC DEPARTMENT CONSENT FORM**

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| --- |
| **Student’s Name:** |
| **Student Number:** |
| **Student’s Email:** |
| **Department 1 (Lead Department): *e.g. French*** |
| **Department 2 (if applicable): *e.g. History*** |
|  |
| **Host University Choice 1:** |
| **Host University Choice 2:** |
| **Host University Choice 3:** |

|  |
| --- |
| **Date:** |
|  |
| **Lead Department International Coordinator Name:** |
| **Lead Department International Coordinator Signature:** |