

Student Learning Objectives for Study Abroad Form

Please write legibly.

Student Information

Banner ID: B00 _____

Date of Meeting: _____

LAST (Surname) Name: _____

FIRST (Given) Name: _____

MIDDLE Name: _____

Advisor(s): _____

Major(s): _____

Minors(s): _____

Learning Objectives

Please list five objectives in order of importance for your time abroad/away.

1. _____

2. _____

3. _____

4. _____

5. _____

Programs

If the student and advisor know of a particular program(s) that is well-suited to meet the objectives, please list the program(s) here. Advisors should include their initials next to their program recommendation(s).

Location(s) of Interest: _____

Signatures

Student: _____

Date: _____

Major Advisor 1: _____

Date: _____

If applicable:

Major Advisor 2: _____

Date: _____

Major Advisor 3: _____

Date: _____

Following the meeting with your advisor, contact Shawnee Scissom (sbscisso@sewanee.edu) to schedule an appointment with a study abroad advisor.