

Visiting Student Application Approval

| Name of Applicant: | |
|--------------------|---|
| To be completed | d by the Study Abroad or Exchange Coordinator at your Home Institution: |
| I am happy to a | pprove this application as a visiting student to GSA. |
| Institution | |
| Name | |
| Function | |
| Department | |
| Phone | |
| Email | |
| | |
| Date, Place | Signature, Stamp |