

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: \_\_\_\_\_

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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

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