

# HONORS COLLEGE

## STUDY ABROAD CERTIFICATION FORM

**Instructions:** Please complete and submit to the Honors Blackboard by the stated deadline. Contact us if needed at 936-294-1477 or HONORS@SHSU.EDU

Please print legibly.

### Student Information:

Name: \_\_\_\_\_ SAM ID: \_\_\_\_\_  
SHSU Email: \_\_\_\_\_ Subject/Course (EX: POLS 2301): \_\_\_\_\_ Section: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Semester:  Fall  Spring  Summer 20\_\_  
Study Abroad Location: \_\_\_\_\_

### Instructor Information:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Did the student meaningfully participate in the study abroad experience and complete the course to your satisfaction?  Yes  No

If No, which requirements did the student fail to meet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the student act as befitting an Honors student and represent our university in a positive light while abroad?  
 Yes  No

If No, which requirements did the student fail to meet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student received the following grade in this course:  A  B  C  D  F  IP  X  Q

Overall, how would you rate this study abroad as an "honors experience" for the student? (Please circle.)

Excellent			Average			Poor
7	6	5	4	3	2	1

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_