



Affidavit of Participation

West Texas A&M University International Education Fee Study Abroad Scholarship Award

At the end of your study abroad program, please complete and return this form to the Office of Study Abroad.

Please Print or Type

This is to certify that (student's name) _____

participated in a study abroad program to (country/institution) _____

for the (fall, spring, summer) _____ semester of 20_____.

Faculty-Led Course number: _____ (if applicable)

Student ID Number: _____

Student email address: _____

Student's address: _____
Street City, State Zip

Student's phone number: _____

Please provide a brief summary of the impact this award has made on your ability to participate in the study abroad experience and the impact this experience has had on your personal and/or professional life:

Please list the West Texas A&M University course credit earned from this experience:

Student Signature *Date*