



**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:

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Student Signature* *Date*