

## AFFIDAVIT OF PARTICIPATION INTERNATIONAL EDUCATION FEE SCHOLARSHIP

At the end of your study abroad, please complete and return this form to the Office of Study Abroad. Please print or type. For questions or additional information, contact us: (806) 651-5309 or <a href="mailto:studyabroad@wtamu.edu">studyabroad@wtamu.edu</a>

This is to certify that	(	(student's name/Buff ID)	
participated in a	(faculty-led, affiliated or reciprocal) study abroad program to		
	(institution, country) during the	(term, year).	
Please provide a brief summary of	f the impact this award made in your decision to partic	ipate in the study abroad	
program and the impact this expe	rience has had on your personal and/or professional li	fe.	
Please list the WTAMU course cre	dit earned from your study abroad program.		
Course Number	Course Title	Credit Hours	
Student's physical address:			
Student's email address:			

Revised 11/2013

Student Signature, date