Dear Colleague:

The student below is applying to the Sustainable Development Studies program at the International Sustainable Development Studies Institute in Thailand. The SDS program is an experiential, cross-cultural study abroad program which focuses on the links between culture, ecology, and sustainability through the study of specific places and their human communities and ecosystems. (More information is available at isdsi.org.)

In order to ensure that our students keep their campus study abroad office in the loop, as well as fulfill any requirements from their home institution for study abroad, we ask them to meet with their study abroad advisor. Please provide the information below and return the signed form directly to admissions@isdsi.org.

Thank you for your assistance.

Sincerely,

Mark A. Ritchie, Ph.D.
Executive Director
International Sustainable Development Studies Institute

Student Name: ____________________________________________ Semester Abroad: ______________________
College/University: ______________________________________________________________________________
Study Abroad Advisor Name: ______________________________________________________________________
Study Abroad Advisor Email: _______________________________________________________________________
College/University Emergency Contact (name, position, email, and phone):
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Is this student’s study abroad participation approved by their college/university?

☐ Yes

☐ No, the student is participating independently

Will your institution accept a transcript from ISDSI directly?

☐ We will accept a transcript from ISDSI

☐ We need a transcript from Guilford College, ISDSI’s school of record

☐ We do not need a transcript

Please provide the individual/department name, email, and address who should receive the transcript following the conclusion of the program:

________________________________________________________________________________________________

________________________________________________________________________________________________

Is this student eligible for enrollment in an international health insurance coverage plan provided through your institution?

☐ Yes

☐ No

How will this student’s program participation be invoiced?

☐ Invoice the student directly

☐ Invoice the institution

Please provide the individual/department name, email, and address who should receive the invoice:

________________________________________________________________________________________________

________________________________________________________________________________________________

Advisor Signature: ___________________________ Date: __________________

Student Signature: ___________________________ Date: __________________