

International Business Program

INTERNATIONAL EXPERIENCE APPROVAL/WAIVER FORM*

Name: _____

Date: _____

Catalog year (year started at JMU): _____

International experience:

JMU Study Abroad/Exchange Program, Semester: _____ Name of Program: _____

JMU International Internship, Semester: _____ Name of Company: _____

Other/explain fully: _____

Waiver of International Experience because student came to JMU from living in another country for an extended period of time (four years).

Signature, Director IB Program

PROOF OF PARTICIPATION

Signature/title of person responsible for the international experience (i.e., a representative from the International Education Office) must provide certification. If not a JMU program, then a copy of the official transcript or letter from the sponsoring entity is required.

Name Title

Full Address: _____

Phone: _____

Fax: _____

Email: _____

Signature: _____

* IB majors are required (as of the 1996/97 catalog) to spend the equivalent of a semester abroad in academic study or in an internship.

The minimum amount of time for the International Experience is seven weeks.