

**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 and Nationally Competitive Scholarships. Please print or type. For questions or additional information, contact us: (806) 651-5309, (806) 651-2587, or studyabroad@wtamu.edu

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 the impact this award made in your decision to participate in the study
 abroad program and the impact this experience has had on your personal and/or professional life.**

Please list the WTAMU course credit earned from your study abroad program.

Course Number	Course Title	Credit Hours

Student’s physical address: _____

Student’s email address: _____

Student’s phone number: _____

Student Signature & Date

**Please submit form by dropping it off at CC115A or CC115B or email it to studyabroad@wtamu.edu.
 Additionally, please save a copy for your records.**