

Lewis & Clark College in France

FORM 5: Reference – International Studies Director

Student Section:

Please complete, sign, and return this form after receiving the appropriate signature below.

Full Name: _____

Home Institution: _____

I understand the credit transfer policy of my home institution.

Student Signature: _____ Date: _____

International Studies Director Section:

Please complete and sign the following:

I recommend the applicant for admission to the LCCF program. It is also understood that in recommending this student for the program, I

- ☐ Approve the plan of study and consider the work creditable toward our degree
- ☐ Will consider the work for credit upon the student's successful completion of the program and return to the home institution.

Name: _____ Title: _____

Telephone: _____ Email: _____

Signature and date: _____

Return to:

Lewis & Clark College in France
33, rue de Zurich
67000 Strasbourg
France

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Email: bethkzehr@hotmail.com
Fax: 011 333 83 30 01 64