

**EAP Endowment for Study Abroad  
FACULTY SPONSOR FORM**

*Please email the completed faculty sponsor form using the instructions provided at the bottom.*

**FACULTY SPONSOR INFORMATION:**

Sponsor Name: \_\_\_\_\_ Sponsor Title: \_\_\_\_\_  
Department/unit: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**STUDENT AND PROGRAM INFORMATION:**

Applicant (student) name: \_\_\_\_\_

In what capacity and for how long have you known this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend that this student receive funding to be used towards the proposed study abroad experience?  
No Yes Please share more as to why or why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your impression of the student's academic ability and relevant personal qualities, how likely do you think it is that this student will have a successful, meaningful study abroad experience?

Not very likely      Fairly likely      Extremely likely      Not in a position to judge

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read and sign:** The information included here is accurate and up to date as far as I am aware.

Faculty sponsor name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Typed name serves as electronic signature when submitted electronically by the sponsor)**

Please email this form to [coas-global-intl-info@wmich.edu](mailto:coas-global-intl-info@wmich.edu) with subject: **EAP faculty sponsor (applicant's name)**.

**This form is due October 15 for Spring & Winter break and February 15 for Fall & Summer study abroad opportunities.**