

STUDY ABROAD COURSES

Date: _____ Year of Graduation: _____

Name: _____ ID# _____ Campus Box # _____

Cell (# _____ Home (# _____ Major(s): _____

Period of Study Abroad: Fall _____ Spring _____ Minor(s): _____

Agency/College Sponsoring the Program: _____

Name of College/University Off-Campus: _____

City and Country: _____

A. **Courses in your Major(s)** (*Advisor for
*Dept. Chair's BU/AC Majors)

<u>Number</u>	<u>Name</u>	<u>Will Transfer As...</u>	<u>Initials</u>	<u>Credits</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
<u>Alternatives:</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. **Liberal Studies Core Courses** Registrar's

<u>Number</u>	<u>Name</u>	<u>Will Transfer As...</u>	<u>Initials</u>	<u>Credits</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
<u>Alternatives:</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. **General Elective Courses** Registrar's

<u>Number</u>	<u>Name</u>	<u>Initials</u>	<u>Credits</u>
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

APPROVED BY: _____ ENDORSED BY: _____

Advisor

*Department Chair (*Advisor for BU/AC Majors)

2nd Major Advisor

2nd Major Chair