

Today's Date _____

<h1>STUDY ABROAD COURSES</h1>

Name _____ ID# _____ Year of Graduation _____

Cell ☎# _____ Home ☎# _____ Campus Box # _____

Major(s): _____ Minor(s): _____

Period of Study Abroad: Fall 20____ Spring 20____ Winter 20____ Summer 20____

Name of Partner Program: _____

Name of University or Program Title: _____

Study Abroad City and Country: _____

A. Courses in your Major(s) or Minor(s)

Chair of Department

<u>Number</u>	<u>Name</u>	<u>Will Transfer As...</u>	<u>Initials</u>	<u>Credits</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Core Courses/General Education Requirements

Registrar's Office

<u>Number</u>	<u>Name</u>	<u>Will Transfer As...</u>	<u>Initials</u>	<u>Credits</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. General Elective Courses

Registrar's Office

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

APPROVED BY _____

ENDORSED BY _____

Major Advisor

Department Chair (*Advisor for BU/AC Majors)

2nd Major Advisor

2nd Major Chair