



*Side Two, Study Abroad Course Approval continued*

→ Please **obtain copies of course syllabi** and take with this form to Department Chair or your Academic Advisor for individual course approvals.

Student Name	Semester Abroad Program	Host Institution

Course #	Study Abroad Course Title	Home Campus Equivalent	Type of Credit	Authorization
			<input type="checkbox"/> General Studies <input type="checkbox"/> Concentration <input type="checkbox"/> Elective Credit	Name: _____ Signature: _____ Date: _____ Department: _____
			<input type="checkbox"/> General Studies <input type="checkbox"/> Concentration <input type="checkbox"/> Elective Credit	Name: _____ Signature: _____ Date: _____ Department: _____
			<input type="checkbox"/> General Studies <input type="checkbox"/> Concentration <input type="checkbox"/> Elective Credit	Name: _____ Signature: _____ Date: _____ Department: _____
			<input type="checkbox"/> General Studies <input type="checkbox"/> Concentration <input type="checkbox"/> Elective Credit	Name: _____ Signature: _____ Date: _____ Department: _____
			<input type="checkbox"/> General Studies <input type="checkbox"/> Concentration <input type="checkbox"/> Elective Credit	Name: _____ Signature: _____ Date: _____ Department: _____
			<input type="checkbox"/> General Studies <input type="checkbox"/> Concentration <input type="checkbox"/> Elective Credit	Name: _____ Signature: _____ Date: _____ Department: _____

**Advisor Authorization**

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_  
 Academic Advisor (for co-concentrators) \_\_\_\_\_ Date \_\_\_\_\_