

Study Abroad Course Approval Record

Student Name: _____
 First _____ Middle Initial _____ Last _____

Student ID: 000 _____

Approval for study at: _____

Academic Term(s) and Year: _____
 Term _____ Year _____

Program Provider and Name: _____

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Overseas Course Name	Credits/ Hours	USI Course Equivalent	Counts towards USI Degree? (advisor initial)
			Yes / No Advisor approval _____
Department Chair Name		Department Chair Signature	

Please initial next to each statement.

I understand that I must be continuously enrolled in minimum of 12 credit hours for a semester program. _____

I understand that all courses taken at the overseas institution will become part of my academic record at the University of Southern Indiana, including grade point average. _____

I understand that it may take several months after my program has ended for my transcript to be sent to USI and I have checked with my program on the expected transcript issue date. _____

I understand that if the courses are not transferred within one academic year, I will receive an F for all courses. _____

I am aware of the University Alcohol and Other Drug (AOD) policies, Annual Security Reports, and other information published in the current schedule of classes. _____

Student Signature

Print Student Name

Date

Advisor Signature

Print Advisor Name

Date