



CUA EDUCATION ABROAD CREDIT APPROVAL FORM

This form must be submitted to the Transfer Coordinator by Sept. 17 (fall) or Feb. 17 (spring) in order to be completed by the CUAbroad deadline.

NAME: _____ **CUA ID#** _____ **CUA School:** _____
(Print Last, First, Middle)

Academic Level: SO ___ JR ___ SR ___ GRAD ___ Ph.D. ___ Non-Degree ___ **CUM GPA:** _____ **Number of credits to be taken abroad:** _____

MAJOR	ADVISOR
1.	
2.	

MINOR	ADVISOR
1.	
2.	

Program Name: _____ **Country/Countries:** _____ **City/Cities:** _____

Term and Year Abroad: _____ **Program Start Date:** _____ **Program End Date:** _____

PLEASE COMPLETE REVERSE SIDE OF THIS FORM. List courses you wish to take abroad on the reverse side of this form in the order of importance to you. Please select no fewer than 5 courses that you would like to take and at least as many alternative (back up) courses. Provide course descriptions and syllabi to the Transfer Coordinator/Dean's office of your particular CUA School. If you wish to receive credit toward your major or minor, you must receive the approval signature from the Departmental Advising Coordinator for each course proposed

Transfer Coordinator Signature for the Student's School
I verify that the course equivalencies on the reverse of this form are accurate and have been confirmed by the appropriate departments.

Dean's Office Authorized Representative Signature Date
(Print name & school)

Academic Advising Coordinators Signatures
I verify that I have discussed with this student his/her plans to study abroad. I have reviewed his/her course selections and when appropriate have indicated the equivalencies. I have reviewed with this student how these courses will fit into his/her tracking sheet and how they will affect degree progress. All relevant comments are noted on the reverse of this form.

Academic Advising Coordinator for the Major Signature Date
(Print name & dept.)

Academic Advising Coordinator for the Minor (if applicable) Signature Date
(Print name & dept.)

Student Signature
I verify that the above information is true and correct at the time of this application. I have read and I understand all relevant CUA academic policies. I have met with my advisor(s) and reviewed the requirements for my degree. I understand the course equivalencies that have been established on the reverse of this form.

Student Signature Date



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Name _____ CUA ID# _____ CUA School _____
 (print Last, First, Middle)

Courses Abroad			CUA course Equivalency Information					
To be completed by student			To be completed by Transfer Coordinator		To be completed by Academic Advising Coordinator			
Course #	Course Title	Credits	CUA Equivalent Course #	Credits	Type of Degree Requirement			Signature Required for each Course
					Major	Minor	Distribution	

Comments:

Abbreviations for courses with NO Exact CUA Equivalents

LANG	Foreign Language
LIT	Literature
HUMM	Humanities
MNNS	Math & Natural Science
SBHS	Social & Behavioral Science
FREE	Free Elective Only
150DTR	Distribution Elective
150MTR	Major Elective
NONE	Course will not transfer