

ACADEMIC APPROVAL FOR STUDY ABROAD

Please return to Study Abroad Advisor in the Office of Study Abroad/
International Division via campus mail
or email (bwente@uindy.edu)

Thank you

Transfer Course Equivalency

Name: _____ ID/SS#: _____

Major: _____ Minor: _____

College/University at which you plan to Study Abroad:

The UIndy student mentioned above will be studying overseas during
 Semester I Semester II Summer I Summer II term of 20____.

Courses you plan to take Course # and Title:	Equivalent U of I Course#/Title:	Required	Elective	Approved	Not Approved
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student has grade point average of 2.0 and is eligible for a course or courses at another university: Yes No

Advisor's Signature: _____ Date: _____

Advisor's Name: _____

White Copy Must Go To: Office of Study Abroad

Yellow Copy Must Go To: Key Advisor

Pink Copy Must Go To: Student