

Study Abroad Course Credit Approval Form

This form must be completed prior to each term of enrollment in a Study Abroad program. Actual credits awarded will depend on Marshall University's evaluation of the final transcript from the host institution.

501.	Phone:	MU E-m	ail:			
MU College: _	MU College: Class Level:					
MU Major:						
Host Instit	tution Name:					
Country: _						
	Spring Summer ust be completed for each te					
• Type of pr	rogram: Exchange	Semester Abroad _	Other		-	
Program	Starting Date:	Progra	am Ending Date:			
• Gr	rading Option: Credit/No C	credit Letter	Grade			
	Completed by Studen	t	Completed by Ad	missions	Approved for Degree	
	Proposed Course(s)		MU Equivalent			
(Course T		t Institution)		Credits		
(Course T	Title & Hours/Credits at Hos	t Institution)	Course(s)	Credits	Yes	No
(Course T		t Institution)		Credits		N
(Course T		t Institution)		Credits		
(Course T		t Institution)		Credits		
(Course T		t Institution)		Credits		
(Course T		t Institution)		Credits		
(Course T		t Institution)		Credits		
(Course T	Title & Hours/Credits at Hos	t Institution)		Credits		
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(Course T	Title & Hours/Credits at Hos	t Institution)		Credits		
(Course T	Title & Hours/Credits at Hos	t Institution)		Credits		

Admissions officer signature: ______ Date: _____

Academic College Advisor/Dean		
Dean/Advisor certifies that courses listed above have been reviewed for applicability to MU degree.		
Dean/ Advisor printed name:		
Dean/ Advisor signature:	Date:	
Registrar		
This student is in good academic standing and has at least a 2.5 overall/cumulative GPA as well as at least 2.5 GPA earned at Marshall University (if a transfer student).		
Registrar signature and seal:	Date:	
Office of Study Abroad		

Is tuition/fees payable to Marshall University? Is room/board payable to Marshall University? Does a contract agreement exist between the Host Institution and Marshall University?		 No No No
Study Abroad Coordinator printed name:		 -
Study Abroad Coordinator signature: D	Date:	 _

Student		
I have reviewed and agree with the information included on this form.		
Student printed name:	_ #901:	
Student signature:	Date:	

FOR SFA OFFICE USE ONLY
Tracking Code: STABCC
Logged by:
Date logged:



Office of Study Abroad Old Main, Room 102

Revised: 04/23/18 MW