

# Marshall University Graduate Study Abroad Course Credit Approval Form

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

**Form routing order:**

1. Academic Dean/Advisor → 2. Office of the Registrar → 3. Study Abroad Office

**Student Name:** \_\_\_\_\_

**#901:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **MU E-mail:** \_\_\_\_\_

**MU College:** \_\_\_\_\_

**MU Major:** \_\_\_\_\_

- Host institution name: \_\_\_\_\_
- Country: \_\_\_\_\_
- Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Other: \_\_\_\_\_  
(A form must be completed for each term abroad)
- Type of program: Exchange \_\_\_\_ Semester abroad \_\_\_\_ Other \_\_\_\_\_
- Program starting date: \_\_\_\_\_ Program ending date: \_\_\_\_\_
  - Grading option: Credit/No Credit \_\_\_\_ Letter Grade \_\_\_\_

Completed by Student	Completed by Dean/Advisor			
Proposed Courses (course title and # of units)	MU Equivalent Course	MU Credits	Approved for Degree	
			Yes	No
Alternate Courses				

**ACADEMIC COLLEGE DEAN/ADVISOR**

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.

Registrar signature and seal: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDY ABROAD OFFICE**

- Is tuition/fees payable to Marshall University? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is room/board payable to Marshall University? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does a contract agreement exist between the host institution and Marshall University? Yes \_\_\_\_\_ No \_\_\_\_\_

Study Abroad Coordinator printed name: \_\_\_\_\_

Study Abroad Coordinator signature: \_\_\_\_\_ 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: STABCG

Logged by: \_\_\_\_\_

Date logged: \_\_\_\_\_