

Study Abroad Program Approval Form

Name: _____ SSN: _____ Classification: _____
 Major: _____ E-mail: _____ Telephone: _____
 Study Abroad Program: _____ Country: _____ Term: _____ Year: _____

Advisor Initial One

Course Number	Course Title	A&T Course Equivalent (Course Number and Title)	Elective Credit	Major Credit	Date

FOR REGISTRAR'S USE ONLY

Subject Code	Course Number	Country Code	Total Credits	Special Program
Direct Study Abroad	99902			SAB

 Student Date

 Academic Advisor Date

 Dean's Signature Date

 Department Chair Date

 Minnie Battle Mayes Date
 Director, Office of International Programs