

Routing Instructions:

Study Abroad fills the student information and emails the document to student.

Student: Complete the first column below by listing the study abroad course titles and course numbers. Email this form and the course syllabus and/or course description to the Faculty Chair of the appropriate academic department for each course listed below. Note: You must have pre-approval for course equivalency.

If your course selection changes upon arrival, it is your responsibility to contact the appropriate faculty to gain pre-approval for the new course. Upon program completion, you must arrange for an official transcript to be sent to UW-Parkside's Admission's Office.

FACULTY ADVISOR/CHAIR: Recommend the approval for a UWP equivalent course (upper- U/ lower-L/division elective credit-X, or exact equivalent) and assign a credit value. Electronically sign for each course in your academic area. Students requesting general education courses that are not already approved as such, must gain approval from the **General Education Director**. If there is not enough information supplied to determine an equivalency, please request additional information from the student and/or study abroad office. When completed, please email back to student.

Study Abroad

STUDENT NAME: _____ ID #: _____ STUDENT EMAIL: _____
 PROGRAM DATES: _____ to _____ STUDY ABROAD INSTITUTION: _____ WEBSITE: _____
 COUNTRY/LOCATION: _____

It is agreed that, upon satisfactory completion of the course(s) listed below, and acceptance of the transfer credit by the University of Wisconsin-Parkside, the course(s) offered through the study abroad institution listed above will be accepted toward the requirement(s) listed below, subject to applicable regulations regarding transfer credits and maximum credits in each category

Student

Faculty

Study Abroad Course Title and Number	Parkside Equivalent Course #	# of Credits	Lower or Upper Division	Is this a General Elective credit?	Applicable to Major/Minor? List Requirement that Course Meets	Approved by: Authorized Signature (Chair of Dept./Program Director)	Date Approved
						Print Name _____ Signature _____	
						Print Name _____ Signature _____	
						Print Name _____ Signature _____	
						Print Name _____ Signature _____	
						Print Name _____ Signature _____	

STUDY ABROAD OFFICE: Student will register into this Study Abroad Placeholder Course:

☐ INTS 400 M _____ using this Permission # _____
☐ INTS 401 E _____ using this Permission # _____