LA SALLE UNIVERSITY STUDY ABROAD COURSE AUTHORIZATION

1. Name:_____ SSN:_____
[print] Last First M.I.
Major:_____ Expected Grad. Date: May Aug Dec _____
Year
Present Class Level: Sophomore II Junior I Junior II

Local Address:_____
_____ Local Phone: ( )_____

2. Study Abroad Institution:_____
(Host Institution)

Location: _____Semester(s) abroad: Fall Spr Sum _____(year)

	Course Number (at study abroad institution)	**Course Title** (at study abroad institution)	**Core Areas** (LaSalle U.)	**Equivalency Approved** (Signature of Assistant Dean)
1#				
2#				
3#				
4#				
5#				
ALT				
ALT				
ALT				

3. I am aware that if permission is given to take the courses listed above, after the completion of the course I will receive a letter grade that will be permanently recorded on my transcript. I am aware that grades may not transfer and / or credits may not be earned for courses taken abroad that deviate from the approved courses listed above, unless I have received written approval from the Assistant Dean of my respective School at La Salle University. I am also aware of the impact these courses will have upon the graduation requirements of my major, and understand that, upon satisfactory completion of the above study plan I will be awarded the number of credits indicated in the "Approved Transfer Credits" section below.

Student Signature: _____ Date: _____

4. I have discussed with this student the effect of the courses listed above on the recommended sequence of courses and graduation requirements for the students major. I acknowledge the above courses are:

APPLICABLE NOT APPLICABLE SOME APPLICABLE

towards this student's graduation requirements and have indicated the total number of transfer credits below. (If these courses **are not applicable** towards graduation requirements, please attach an explanation to this form.)

Approved Transfer Credits: Number of equivalent semester credit hours for proposed plan of study appears in the following Transfer Credit box. All possible transfer credit for Study Abroad period will appear in the box.

Assistant Dean Signature:_____ Date: _____

5. Study Abroad Approval

Signature: _____ Date: _____