

Approval Form

2011-2012 STUDY ABROAD APPROVAL FORM

PLEASE PRINT

Student I.D. number _____ Last Name _____ First Name _____ M.I. _____
 _____ / _____ / _____
 College _____ Degree _____ Major _____

Please indicate the appropriate Study Abroad program:
 (For information regarding these programs, please contact the Director of Study Abroad at 513-745-3463).

Xavier Direct Exchange Fredin Memorial Scholarship
 Xavier Summer Study Abroad Other Xavier-Sponsored Program
 Non-Xavier Sponsored Program _____
 Specify Sponsoring American Institution (if applicable)

Please indicate the foreign institution name and country:

Foreign institution name _____ Country _____

Will the student be registered at Xavier:
 No Yes (If yes, please attach approved registration form)

Please indicate term(s) and approximate number of hours the student will be studying abroad:

Fall Spring Summer
 Fall Hrs. _____ Sprg. Hrs. _____ Sum. Hrs. _____ Year(s) _____

Will the student receive:
 Letter grade Transfer credit only

Catalog Number	Title of Course	Credit Hours	Xavier's Equiv. Course Number

Student signature _____ Date _____ Academic Advisor signature _____ Date _____
 Director of Study Abroad signature _____ Date _____ Dean signature _____ Date _____

Return to: Office of the Registrar
 Mail: 3800 Victory Parkway, Cincinnati, OH 45207-3131
 Fax: 513-745-2959
 E-mail: xureg@xavier.edu

NOTE: Student must have an official transcript of these credits sent to the Undergraduate Curriculum/Certification Specialist, Office of the Registrar, at the above address, upon completion of the course(s).

