2010-2011 STUDY ABROAD APPROVAL FORM

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 513-745-3463).

- ☐ Xavier Direct Exchange
- ☐ Xavier Summer Study Abroad
- ☐ Non-Xavier Sponsored Program
- ☐ Fredin Memorial Scholarship
- ☐ Other Xavier-Sponsored Program

Specify Sponsoring American Institution (if applicable)

Please indicate the foreign institution name and country

Foreign institution name | Country

Will student be registered at Xavier:

☐ No ☐ Yes (If yes, please attach approved registration form)

Will student receive:

☐ Letter grade ☐ Transfer credit only

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

☐ Fall ☐ Spring ☐ Summer

Fall Hrs. | Sprg Hrs. | Sum. Hrs. | Year(s)

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***

XAVIER UNIVERSITY

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).