XAVIER UNIVERSITY

STUDY ABROAD APPROVAL FORM

Office of the Registrar, 3800 Victory Pky., Cincinnati OH 45207-3131 phone 513/745-3941 FAX 513/745-2969

___ - ___ - ____ Student I.D. Number

Last Name First Middle

College / Degree / Major

Please indicate the appropriate Study Abroad program: (for information regarding these programs please contact the Director of Study Abroad 513/745-3464)

- ☐ Xavier direct exchange
- ☐ Xavier Summer Study Abroad
- ☐ Fredin Memorial Scholarship
- ☐ Other Xavier Sponsored Program
- ☐ Non-Xavier sponsored program _____
  Specify sponsoring American institution (if applicable)

Please indicate the foreign institution name and country:

Foreign Institution

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 ____ Year(s)

____ Fall Hrs. ____ Sprg Hrs. ____ Sum. Hrs.

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

Signatures:

Student Date

Academic Advisor Date

Director of Study Abroad Date

Dean Date

NOTE: Student must have an official transcript of these credits sent to the Undergraduate Curriculum/Certification Specialist, Office of the Registrar, Xavier University, 3800 Victory Parkway, Cincinnati, OH 45207-3131, upon completion of the course(s).

White-Registrar, Yellow-Study Abroad Office, Pink-Dean, Gold-Advisor

rev. 2/11/98