XAVIER UNIVERSITY

STUDY ABROAD APPROVAL FORM

Office of the Registrar, 3800 Victory Pky., Cincinnati OH 45207-3351 phone 513/745-3941 fax 513/745-2969

Student I.D. Number _____ Last Name _____ First _____ Middle _____

College _____ / Degree _____ / Major _____ Freshman / Sophomore / Junior / Senior / Graduate (circle one)

Please indicate the appropriate Study Abroad program: (for information regarding these programs please contact the Director of Study Abroad 513/745-2864)

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

* (transfer credit hours only , grade "C" or better)

(Student must initial each statement)

_____ **If appropriate forms are not filled out and approved prior to Study Abroad experience**, student risks acceptance of course(s) by Xavier. as well as any other liabilities related to this Study Abroad experience.

_____ A placeholder course will be put on the student's Xavier record. If the student **does not** participate in this program, responsiblity is on the student to notify the Center for International Education and the Registrar **immediately**.

_____ Student **will** be reported to the National Student Clearinghouse as a currently enrolled Xavier student for term(s). This **will** affect access to Federal Aid, student status for insurance purposes and student loan deferment.

_____ Student must have an official transcript of these credits sent in a sealed envelope to the Curriculum/Certification Specialist, Office of the Registrar, Xavier University, 3800 Victory Parkway, Cincinnati, OH 45207-3351, upon completion of the course(s).

Please indicate the foreign institution name and country:

Foreign Institution _____ Country _____

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

☐ Fall _____ ☐ Spring _____ ☐ Summer _____ Year(s) _____

Catalog Number	Foreign Institution Title of Course	Credit Hours	Xavier Equivalent Course Number	Pre-Approved Dept. Initials

Student's signature _____ Date _____ Academic Advisor' signature _____ Date _____

Study Abroad Advisor's signature _____ Date _____ Dean's sigature _____ Date _____

Attribute posted: ***ISTA-XU STAB or ISTN-NON XU STAB*** *with end date of:* _____ *initials:* _____

Scan & email to: Dean, Study Abroad Office, Retention Services, Academic Department & Student

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