

Study Abroad Approval Form - For Transfer Credit

Office of the Registrar, 3800 Victory Pkwy., Cincinnati OH 45207-3351 Phone: (513) 745-3941 Fax: (513)745-2969

		Last Name	First Name	Middle Init	cial Student E-Mail	
Student I.D. N	umber		_	_	<u> </u>	
Abroad Droam	m Nama	Student's Major		all Term S	Spring Term Summer Term Year	
Abroad Progra Please select 1		•	ow the type of prog	ram please contac	ct the Study Abroad Office at 513-745-2864)	
	ponsored Semester	Xavier Direct Exch			r Sponsored Program	
• Course	es taken at international institution n paid to Xavier University		ernational institution	• Tuition pa	aid to international institution on Required (Fall/Spring terms only)	
 Students pa 	articipating in the Study Abroad Progran	n will be reported to the Na	ational Student Cleari	nghouse as a curren	ntly enrolled Xavier student for the applicable terms.	
 Students or 	n study abroad programs approved by th	ne CIE will have a 15 credit	placeholder course p	ut on their academi	c record for the term that they are abroad.	
 If the stude 	nt decides not to participate in the stud	y abroad program, the stu	dent is responsible for	notifying the Cent	er for International Education at studyabroad@xavier.edu	
	articipating in a study abroad program ned to their Xavier University academic re		etter at the host instit	ution (or the equiva	alent grade based on their grading scale/system) in order for that credi	
	•		udy Abroad Form, are	responsible for dro	opping their initially registered courses for that term.	
 Student ack 	knowledges that failure to adhere to Un	iversity and CIE policies, p	rocedures, and deadl	nes can have acade	emic and financial ramifications. CIE refund procedures will apply.	
	nt makes changes to their abroad regist	ration/schedule without tl	ne appropriate Xavier	approval, the unap	proved credits are not guaranteed to transfer unless an updated form	
approved.	office of the Degistrar is unable to reco	sh the student directly by	signing this form tha	student grants norm	niccian for the institution to contact nevent(c)/guardian(c)	
• II the cie of	Office of the Registrar is unable to reac	in the student directly, by	signing this form, the	student grants pern	nission for the institution to contact parent(s)/guardian(s).	
Paren	nt/Guardian Name:	Phor	ne Number:		E-Mail:	
					If the appropriate forms are not completed and approved prior to the study abroad experience, student risks acceptance of coursework toward	
Course subj & #	Course title	Credit C	Course subj & # Cred	it Dept. Chair	degree requirements by Xavier University.	
(ex. PHIL 200)		Hours	Hour	s Approval		
					Student Signature (Student is responsible for making sure this form	
					is completed and updated if required)	
					is completed and updated if required)	
					is completed and updated if required) 2.	
					is completed and updated if required) 2.	
					is completed and updated if required) 2 Academic Advisor's Signature	
					is completed and updated if required) 2 Academic Advisor's Signature 3	
					is completed and updated if required) 2 Academic Advisor's Signature 3 Asst. Dean's Signature (By signing you are approving any pre-req,	
					is completed and updated if required) 2 Academic Advisor's Signature 3 Asst. Dean's Signature (By signing you are approving any pre-req,	