**STUDY ABROAD APPROVAL FORM**

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

<table>
<thead>
<tr>
<th>Student I.D. Number</th>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Musketter</td>
<td></td>
<td>D'Artagnan X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College / Degree / Major</th>
<th>Freshman / Sophomore / Junior / Senior / Graduate (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCB / BSBA / Marketing</td>
<td></td>
</tr>
</tbody>
</table>

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
- [x] Xavier Summer Study Abroad
- [ ] Fredin Memorial Scholarship
- [ ] Other Xavier Sponsored Program
- [ ] Non-Xavier Sponsored Program
  * (transfer credit hours only, grade "C" or better)

(Student must initial each statement)

- [x] 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.
- [x] A placeholder course will be put on the student's Xavier record. If the student does not participate in this program, responsibility is on the student to notify the Center for International Education and the Registrar immediately.
- [x] 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.
- [x] 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
- [ ] Program Name

- [ ] Name of Country

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

- [ ] Fall
- [ ] Spring
- [ ] Summer

<table>
<thead>
<tr>
<th>Catalog Number</th>
<th>Foreign Institution Title of Course</th>
<th>Credit Hours</th>
<th>Xavier Equivalent Course Number</th>
<th>Pre-Approved Dept. Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>course title</td>
<td>#</td>
<td>prefix + number</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(e.g. ENGL 205)</td>
<td></td>
</tr>
</tbody>
</table>

You sign first

Student's signature: __________________ Date: ____________

CLE signs last.

Study Abroad Advisor's signature: __________________ Date: ____________

Your Academic Advisor signs second

Academic Advisor's signature: __________________ Date: ____________

Your Dean signs third

Dean's signature: __________________ 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

rev. 11-8-2012