JEFFERSON (Philadelphia University + Thomas Jefferson University) – East Falls Campus STUDY AWAY COURSE AUTHORIZATION

Instructions: Fully complete steps 1 through 4 and return form to the Study Away Office with approved course sheet or course descriptions (initialed by advisor) attached. Info available at www.philau.edu/studyabroad. See Reverse for Steps and Policies.

description	in thindaled by advi	isor) attached. Illio avallable at	www.pilliau.e	du/Studyabic	au. See Nevelse ioi S	teps and Folicies.
1. Nan	ne: Lee PRINT] Last	Tay First	>	<u>(</u> ID#_	1234567	_
	FMM	0			g □ Dec 20 <u>20</u> (Y	Year)
Minor: Present Class by Credits: \square Fr. 0-30 So. 31-60 \square Jr.61-90 \square Sr. 90+ \square Graduate						
Email: <u>lee 1234 @students.philawedn</u> Cell Phone: (123) 450 - 7890 Advisor: <u>Dr. X</u>						
I am aware that if permission is given to take the courses listed below, I must earn a grade of at least a "C minus" or its equivalent to receive transfer credits. I recognize that the below courses: a) may not be offered and/or; b) may have conflicting days and times, and that additional approvals may be required in either case. I acknowledge that credits will not transfer if the courses studied abroad deviate from the approved courses listed below unless I have received written prior approval from Philadelphia University for such changes with a copy to the Study Abroad office. I am responsible for arranging for an official transcript to be sent to the Philadelphia University Study Abroad office upon completion of the semester(s) indicated above. I am aware of the impact these courses will have upon the graduation requirements of my major, and understand that, upon satisfactory completion of the approved study plan, I will be awarded the number of credits and equivalencies indicated in the appropriate sections below. Student Signature: Date O 3 // 3 // 3						
3. Study Abroad Institution Rome Center (UAKC) Huly (Study Away Program and/or Host Institution) (Location) Semester Abroad: Fall Spr [Qtr: UW DSp] D Sum [Session: DA DB] Year: 2019						
Semeste	r Abroad: 🗆 Fall	\triangle Spr [Qtr: \square W \square Sp] \square	Sum [Sessio	n: □ A □ I	B] Year: 2019	
Course Type	Course # At Foreign Instit.	Course Title At Foreign Instit.	US Credits To East Falls	Jeff Course ONLY ONE Po	# Equivalency A	
REQ		Design Concepts	3	DSGNFN		^
REQ				2. 4	,	
REC REC		Business Law	3	BLAW 3		red
OPT		Italian I Trend forecasting	3	GDIV2	ex pre-appr	veil
ALT		Art + Culture in Hall	(3)	GDIVA	of preapprove	d
BEC		Financial Management	(3)	FINC. 30	of pre approve	d
nic		Operations Management	3	TASHMGI	1451 pre approve	i.
REQ – Course Required for participation ALT – Alternates (required) OPT – Optional electives *If not on pre-approved course list, REC – Equivalent Recommended For Progress to Degree Note: Edit annotation as needed attach course descriptions w/approvers sign.						
I have reviewed the student's curricular sequence and reason for choosing these courses. I have discussed with this student the effect of the courses listed above on the recommended sequence of courses and graduation requirements for this major. I have discussed the policies and procedures on the other side of this form with the students. I've noted any specific recommendations or considerations on the reverse. Concerning this student's request, as academic advisor, I support these courses and equivalent credits being taken. Approved Transfer Credits. Advisor: Indicate at right the total equivalent semester credit hours recommended (pending any equivalency approvals) for this student's proposed plan of study. Academic Advisor Signature: Date: 11/5/17 Recommended TRANSFER CREDITS:						
5. Return Form to Study Abroad for Final Approval by Dean (School corresponding with student's major): Signature: Date:						
Reviewed by Study Abroad Office:						
Signature:		Date:	□А	pproved	Not Approved (Reaso	on on back)

SAMPLE