

**Jefferson – East Falls Campus  
STUDY AWAY RETURNING COURSE PLANNING FORM**

**Name:** \_\_\_\_\_  
(PRINT) Last First M.I.

**Campus Key:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Minor:** \_\_\_\_\_

**Expected Grad. Date:**  May  Aug  Dec \_\_\_\_\_  
Year

**Returning Class Level:**  0-30  31-60  61-90  90+ cr.

**Returning Semester:**  Fall  Spr  Sum [Session:  1  2  Full Session] **Year:** \_\_\_\_\_

Course Number	Course Title	Credits	Comments/Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALT \_\_\_\_\_

ALT \_\_\_\_\_

ALT \_\_\_\_\_

**STUDENT**

**I recognize that** although permission has been given to take the courses listed above, these courses: a) may not be offered; or b) may have conflicting days and times, and that additional approvals may be required as a result. **I acknowledge** that it is my responsibility to contact my advisor from abroad in that event. **I am responsible for** informing myself of the procedures established by the Study Away office for registering from abroad. **I am likewise responsible** for ensuring that I register by the deadlines established and communicated by the Jefferson – East Falls Campus Study Away office for the submission of registrations from abroad, and those established by the Jefferson – East Falls Campus Office of the Registrar. **I recognize** that the Study Away office may only assist students in registering for Jefferson – East Falls Campus courses and that **it is my responsibility** to inform myself of how to register from abroad for courses being taken at other universities. **I am aware of** the impact the above approved Returning Courses will have upon the graduation requirements of my major, and understand that, ultimately, it is my responsibility to ensure that my academic progress is maintained and that my graduation requirements are met.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACADEMIC ADVISOR**

**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, as academic advisor,** acknowledge that the above-listed courses are  **APPLICABLE**  **NOT APPLICABLE** towards this student's graduation requirements, and I have indicated the total number of approved Returning credits below. (If these courses are *not* applicable towards graduation requirements, please attach an explanation to this form.)

**Approved Returning Credits:** Indicate in box at right the total equivalent semester credit hours you have approved (pending equivalency approvals) for this student's proposed plan of study.

**APPROVED  
RETURNING CREDITS:**

**Academic Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_