

University of Scranton Study Abroad Course Approval Form

Student Name: _____ Royal ID Number: _____

Major(s): _____ Minor(s): _____

Concentration(s): _____ Honors: _____ SJLA: _____ Business Leadership: _____

University Abroad/Study Abroad Program: _____ Semester/Term Abroad: _____

***Students complete shaded regions**

International University: Name			The University of Scranton					
Course Prefix and Number	Course Name	Credits	Course Prefix and Number	Course Name	Credits	Area	Advisor or Other Reviewer Initials	Approved For Transfer/Transcription
Major/Cognate Courses			Major/Cognate Courses (Chair/Advising Center)					
General Education/Free Elective Courses			General Education/Free Elective Courses (CAS Assoc Dean/GE approval subject to review)					
Language Courses			Language Courses (Chair World Languages and Cultures)					

Signatures

_____	_____	_____	_____
Student	Date	Dean	Date
_____	_____	_____	_____
Advisor	Date	Chair/Second Major/Minor/Concentration	Date
_____	_____	_____	_____
Honors/SJLA/BLDR Director	Date	Chair: Language Department for Language Major/Minor Courses	Date

***To the advisor: Please retain a copy of this form for your advising file**