

**Study Abroad Course Authorization Form**

This forms serves to assist with planning the courses to be taken at the host university. It must be completed with the UNCP assigned academic advisor, prior to departure, and put on file with the UNCP SA Coordinator. If the pre-approved courses are not registered for at the host university then adjustments will be needed and approved must be obtained by the UNCP assigned academic advisor. The student will need to complete and return the form to the UNCP SA Coordinator.

LAST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Grad. Date: \_\_ May \_\_ Aug. \_\_ Dec. Year \_\_\_\_\_\_

Current Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Education Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Class Level: \_\_\_ 0-30 \_\_\_ 31-60 \_\_\_61-90 \_\_\_ 90+

* **I am aware that** if registered for the courses below, *I must earn a grade of at least a "C"* 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 UNCP, the assigned academic advisor, and the SA Coordinator.
* **I am responsible for** arranging for an *official transcript to be sent to the UNCP Study Abroad Coordinator* 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.

By signing you are noting that you are responsible for ensuring you are enrolled appropriately at the foreign university and that you have discussed the courses with your UNCP assigned academic advisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

Foreign University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester Abroad: \_\_\_\_ SP \_\_\_\_FA Year \_\_\_\_\_\_\_\_

UNCP Assigned Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course List for Foreign University**

Course Number Course Title Credits Hrs. UNCP Equivalent Equiv. Approval
*(Foreign University) (Foreign University) (UNCP) (Course #) (UNCP Professor Signature)*

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Alternative Courses**

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have discussed with this student the effect of the courses listed above of the recommended consequences and graduation requirements for this major. I have confirmed that the student meets application requirement of a 2.5 cumulative GPA. I, as academic advisor, acknowledge that the above listed courses are \_\_\_\_\_ APPLICABLE \_\_\_\_\_ NOT APPLICIBLE towards this student’s graduation requirements, and I have indicated the total number of approved transfer credits below. (If these courses are not applicable towards graduation requirements, please attach an explanation to this form).

**Approved Transfer Credits**

Advisor/Dept. Chair: Sign below indicating that you approve of these foreign classes to be transferred back to UNCP for credit (pending any equivalency approvals) for this student’s proposed plan of study abroad.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Signature) (Approved Transfer Credit)

*To ensure complete support, we ask that the Advisor send a copy of this form to the Dean after they have signed and approved of the student’s proposed study abroad plan.*

Reviewed by the SA Coordinator\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Signature)

**Registrar Approval** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_