

Summer Study Abroad Course Approval Form

Name: _____ ID#: _____ Classification: _____
 Major: _____ E-mail: _____ Telephone: _____
 Study Abroad Program: _____ Country: _____ **Summer I** _____ **Summer II:** _____ Dual _____ Year: _____

***Please see instructions attached to this form for students and academic advisors**

Title of COURSE to be taken at HOST University	Course Number	Title of NC A&T Course Equivalent	A&T Course Number	#Elective Credit Hours	#Major Credit Hours	*Chair of Dept. where course is housed must sign to here to approve

 Student Signature/ Print Name Date

 Signature/ Print Name Date
 Academic Advisor

FOR REGISTRAR'S USE ONLY
 Country Code: _____ Program: SAB

 Signature/ Print Name Date
 Department Chair

 Signature/ Print Name Date
 Dean

 Minnie Battle Mayes
 Director, Office of International Programs Date