KUTZTOWN UNIVERSITY

NON-U.S. PROGRAMS: STUDY ABROAD COURSE APPROVAL FORM

ACADEMIC NOTICE

PLEASE READ CAREFULLY: Your request will not be processed if your records are sealed for indebtedness to the University. Permission will NOT be granted for any course(s) previously taken at Kutztown University and passed with a grade of D or higher. Although credit may be earned for a course taken at another institution, it will NOT count as a repeat, nor will it be included in determining one's quality point average and it may NOT be taken subsequently at Kutztown University. A failed course cannot be taken abroad and MUST be repeated at Kutztown University in order to improve one's quality point average.

STUDENT AND PROGRAM INFORMATION

Name: _____ **KU ID**: _____

Major(S): _____ **Minor(S):** _____

Host Institution: _____ **Country**: _____

Program Provider Or U.S. Institution: _____

Session Term: ☐ Fall _____ ☐ Winter _____ ☐ Spring _____ ☐ Summer _____

Session Start Date: _____(MM/DD/YYYY) **Session End Date**: _____(MM/DD/YYYY)

COURSE #1

Program Course Code/Title: _____ **Credits**: _____

KU Equivalent Course Code/Title: _____ **KU Credits**: _____

Advisor's Approval: ☐ General Education ☐ Major ☐ Minor ☐ General Electives

Registrar's Office Approval: ☐ Yes ☐ No **Reason for Denial:**_____

COURSE #2

Program Course Code/Title: _____ **Credits**: _____

KU Equivalent Course Code/Title: _____ **KU Credits**: _____

Advisor's Approval: ☐ General Education ☐ Major ☐ Minor ☐ General Electives

Registrar's Office Approval: ☐ Yes ☐ No **Reason for Denial:**_____

COURSE #3

Program Course Code/Title: _____ **Credits**: _____

KU Equivalent Course Code/Title: _____ **KU Credits**: _____

Advisor's Approval: ☐ General Education ☐ Major ☐ Minor ☐ General Electives

Registrar's Office Approval: ☐ Yes ☐ No **Reason for Denial:**_____

COURSE #4

Program Course Code/Title: _____ **Credits**: _____

KU Equivalent Course Code/Title: _____ **KU Credits**: _____

Advisor's Approval: ☐ General Education ☐ Major ☐ Minor ☐ General Electives

Registrar's Office Approval: ☐ Yes ☐ No **Reason for Denial:**_____

COURSE #5

Program Course Code/Title: _____ **Credits**: _____

KU Equivalent Course Code/Title: _____ **KU Credits**: _____

Advisor's Approval: ☐ General Education ☐ Major ☐ Minor ☐ General Electives

Registrar's Office Approval: ☐ Yes ☐ No **Reason for Denial:**_____

COURSE #6

Program Course Code/Title: _____ **Credits**: _____

KU Equivalent Course Code/Title: _____ **KU Credits**: _____

Advisor's Approval: ☐ General Education ☐ Major ☐ Minor ☐ General Electives

Registrar's Office Approval: ☐ Yes ☐ No **Reason for Denial:**_____

SIGNATURES

Student Acknowledgements:

☐ *If a prerequisite or co-requisite is required, the student assumes responsibility for the required level of proficiency.*

☐ *The student assumes responsibility for meeting with their academic advisor to discuss the applicability of course(s) to meet degree requirements.*

☐ *It is the student's responsibility to request that transcripts be issued as soon as coursework has been completed. A minimum grade of "C-" must be earned so that credit may be accepted.*

☐ *No transfer-in credit will be posted until an official transcript has been received by the Office of the Registrar.*

☐ *It is the student's responsibility to request that transcripts be issued as soon as coursework has been completed. A minimum grade of "C-" must be earned so that credit may be accepted.*

☐ *It is the student's responsibility to provide course descriptions for all intended courses on this form.*

Attach Course Descriptions

Student Signature: _____ **Date:** _____

Campus Approvals:

By signing below, I affirm that this student has been approved to study abroad through Kutztown University's International Office.

International Office Signature: _____ **Date:** _____

Comments:

By signing below, I affirm that I have reviewed the course descriptions and have discussed KU course equivalences with the student, and/or their Second Academic Advisor, Department Chair, and Dean (as needed by their major/program).

Academic Advisor Signature: _____ **Date:** _____

By signing below, I affirm that I have reviewed the course descriptions and agree with the Academic Advisor's Assessment.

Second Academic Signature: _____ **Date:** _____

By signing below, I affirm that I have reviewed the course descriptions and agree with the Academic Advisor's Assessment.

Third Academic Signature: _____ **Date:** _____

By signing below, I affirm that I have reviewed all the information provided and have issued a decision for each course.

Registrar's Office Signature: _____ **Date:** _____

Comments: