



REQUEST FOR PRIOR APPROVAL OF TRANSFER CREDIT OF STUDY ABROAD PROGRAMS

TO THE STUDENT:

To facilitate the transfer of credits, students participating in exchange or study abroad programs must complete this form. The purpose of this form is to request credits for courses taken abroad as a part of a recognized and approved international education exchange or study abroad program. Indicate each course for which you plan to obtain major, distribution, or elective credits and obtain approvals be from faculty members in the departments from which you plan to obtain credits. Submit course descriptions and/or syllabi and materials to faculty for reference and approval. Consult individual departments for their specific policies regarding course approvals and signatures. It is best to allow several weeks for obtaining course approvals. A separate Prior Approval form must be completed for each semester/term abroad; study abroad must not exceed one academic year (2 semesters).

Name: _____ Student ID# _____ Major/Minor: _____ / _____
 Home Address: _____ Tel. () _____ Email: _____
 Dates of proposed study: Winter: _____ Spring: _____ Summer: _____ Fall: _____ Start Date _____ End Date _____
 Study Abroad Provider: _____ Host Institution: _____ Country: _____

TO THE FACULTY:

This student is currently completing documents to study abroad, or has recently returned from the above-named program, and requests that the following course(s) be reviewed for approval. Please evaluate the course, determine the most suitable UMass Boston equivalent and provide signature approval based on the information provided. Please indicate both course equivalencies and/or elective credits. **NOTE:** Equivalent UMass Boston courses or "will review upon return" must be designated on this form for the student to be registered for study abroad and receive Financial Aid.

<u>STUDY ABROAD COURSE TITLE</u>	<u>COURSE #</u>	<u>HOST CREDIT HRS.</u>	<u>DIST./MAJOR</u>	<u>UMB EQUIVALENCY & NUMBER</u>	<u>FACULTY INIT.</u>	<u>REC. CREDITS</u> ADMISSIONS ONLY

SIGNATURES

_____	_____	Date: _____
TRANSFER CREDIT EVALUATOR /ADMISSIONS	PRINT NAME	
_____	_____	Date: _____
DEPARTMENT CHAIR / FACULTY ADVISOR	PRINT NAME	
_____	_____	Date: _____
STUDY ABROAD / EXCHANGE COORDINATOR / OFFICE OF GLOBAL PROGRAMS	PRINT NAME	
_____	_____	Date: _____
Submit to the financial representative	NO Signature needed	

RETURN SIGNED COPIES TO: UNDERGRADUATE ADMISSIONS, STUDY ABROAD OFFICE , FINANCIAL AID OFFICE, ACADEMIC DEPARTMENT, STUDENT