



Study Abroad Course Approval Form Winter/Summer Programs

Name: _____ BU ID #: _____

Campus Address: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

School/Department: _____ Academic Advisor: _____

Current Status: Freshman Sophomore Junior Senior Graduate

Major: _____

Summer program: KIIS CCSA CC-CS CIEE Other _____

Winter/Summer Program Site: _____

Dates for Study Abroad: From ___/___/___ until ___/___/___

Below list the courses you plan to take abroad, including alternates. Show your advisor course descriptions to determine possible Bellarmine equivalents. **Ask the appropriate department chair or office to approve the equivalents.** Upon your return, courses will be verified and credits will be determined by reviewing the titles, professor signatures, evaluations and grades from abroad. If you are seeking approval for a course to count as an IDC.301 course, you will need approval from the current Core Director or DEAN of the CAS. CCSA students will be pre-registered in 'CCSA 400' as a CCSA student. Students in all other programs will have their courses entered into the Bellarmine system upon completion of the program.

Student Signature: _____ Date: _____

	Program Course Title	Equivalent Bellarmine Course	Credit Hours	Dept. Chair Approval
#1				
#2				
#3				
#4				