**Form B**

**Study Abroad Course Approval Form: All Programs**

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Name: BU ID:

Campus Address:

Home Address:

Cell Phone: Home Phone:

School/Department: Academic Advisor:

Current Status: Sophomore: \_\_\_\_\_\_ Junior: \_\_\_\_\_\_ Senior:\_\_\_\_\_\_ Graduate: \_\_\_\_\_\_\_

Hours Completed: \_\_\_\_\_\_\_\_\_\_\_

Major:

**For LONG TERM:**  **For SHORT TERM**:

Program: ISEP: \_\_\_\_ Bilateral:\_\_\_\_ Other:\_\_\_\_ Program: CCSA: \_\_\_\_ KIIS:\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_

Host Institution and Location:

Host Institution Advisor:

Dates for Study Abroad: From \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_

**You must turn in a completed version of this form to the OSAIL prior to your departure in order to be registered as a Long Term Student.** This form will be used to pre-register you for your time abroad with the ISEP or Bilateral exchange programs. You will be registered only as an ISEP or Bilateral student and not for specific courses. The actual course titles will not be entered into the Bellarmine system until **after** we receive your transcripts from abroad. For both Long-Term AND Short-Term students, please list below the courses you plan to take abroad, *including alternates*. Show course descriptions to your advisor to determine possible Bellarmine equivalents. If actual course titles are not available prior to your departure, you will still need to discuss options with your advisor. **The foreign host institution (or CCSA, KIIS, etc.) courses which you list below are tentative and subject to availability upon your arrival.**  **Upon your return from abroad, please make an appointment with the appropriate approving professor for the final approval of the course equivalents. If you are seeking approval for a course to count as an IDC course, you will need approval from the current Director of the IDC Program. For other general education courses, you must obtain approval from the appropriate department chair. For general electives, you must obtain the approval of your academic advisor.**

Student Signature: Date:

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Program Course Title** | **Equivalent Bellarmine Course** | **Bellarmine Credit Hours** | **Approver’s**  **Printed Name** | **Approver’s**  **Signature** | **Date** |
| **#1** |  |  |  |  |  |  |
|  | **Program Course Title** | **Equivalent Bellarmine Course** | **Bellarmine Credit Hours** | **Approving Professor’s Printed Name** | **Approving Professor’s Signature** | **Date** |
| **#2** |  |  |  |  |  |  |
| **#3** |  |  |  |  |  |  |
| **#4** |  |  |  |  |  |  |
| **#5** |  |  |  |  |  |  |
| **#6** |  |  |  |  |  |  |
| **#7** |  |  |  |  |  |  |
| **#8** |  |  |  |  |  |  |
| **#9** |  |  |  |  |  |  |
| **#10** |  |  |  |  |  |  |