



# CARROLL COLLEGE STUDY ABROAD FACULTY LED PROGRAM ACADEMIC PLAN

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Advisor: \_\_\_\_\_ Year: Fr. So. Jr. Sr.

Major(s): \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

## FACULTY LED PROGRAM:

Place of Study: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

## COURSE(S):

Course Number	Course Name	Credits
1. _____	_____	_____
2. _____	_____	_____

## INDEPENDENT STUDY ABROAD ONLY:

Course Number	Course Name	Credits
1. _____	_____	_____
2. _____	_____	_____

Facilitating Instructor: \_\_\_\_\_  
(Please Print)

Objectives of study, specific learning activities and how will evaluation for the course be done and upon what will it be based:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Completion Date: \_\_\_\_\_

Facilitating Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

The advisor's signature on this form confirms that courses for the Study Abroad experience will meet specified requirements for CORE, graduation and/or majors(s) / minor(s) credits. This form will be kept in the Registrars and Study Abroad Offices. The advisor and student are encouraged to keep photocopies. Please contact Shannon Ackeret (x4469) if you have any questions.

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Study Abroad Office: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_