

**CARROLL COLLEGE OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD COURSE PLAN - SEMESTER/YEAR PROGRAMS ONLY**

Due Dec. 15 for spring programs; due April 20 for fall, summer and academic year programs;

*** Allow at least *three weeks* to complete the form

FULL NAME _____ CC ID # _____

PHONE NUMBER _____ EMAIL ADDRESS _____

MAJOR _____ DOUBLE MAJOR or MINOR _____

STUDY ABROAD PROGRAM AIFS AustraLearn ISA YISA CHINA Reciprocal Exchange Non Affiliate

FULL NAME OF HOST INSTITUTION: _____

CITY _____ COUNTRY _____

STUDY ABROAD PERIOD: FALL 200 _____ SPRING 200 _____ SUMMER 200 _____ (OR) ACADEMIC YEAR 200 _____ /200 _____

List the courses you plan to take while abroad, including any **mandatory** courses. This may be a tentative list. List several extra courses to avoid scheduling conflicts, using a second sheet if necessary. You must provide course descriptions in English as needed. If your final list of courses is not identical to this list, you must secure approval from your academic advisor and the registrar and inform the CC study abroad office as soon as possible. **Carroll College cannot guarantee credit for courses which are not pre-approved. Final allocation of credit will be determined upon receipt of the host institution transcript.**

COURSE TITLE & HOST INSTITUTION COURSE #	CC EQUIVALENT COURSE #	CREDIT TYPE Will this course count towards your major (M), minor (m) or electives (E) or (C) core	CREDIT HOURS Note: You MUST maintain <i>at least</i> the equivalent of 12 CC credits each semester	APPROVAL SIGNATURES Required! Departmental signature, Date of signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Over.....

Consult your program's web site for lists of courses available during your semester/year abroad, and regulations that pertain to your particular program. Do this in consultation with your academic advisor.

Take this form to your academic advisor (s) or the department chair for signatures. You must earn an equivalent grade of "C" or higher for the class to be considered for transfer.

After final college signature, return this original to the CC study abroad office. **Don't' forget to keep a copy for yourself.**

Print name of **Student** _____

Student: _____ Date _____
(signature)

Print name of **Academic Advisor** _____

Academic Advisor: _____ Date _____
(signature)

For those with a double major or taking classes abroad for a minor:

Print name of **Academic Advisor** _____

Academic Advisor: _____ Date _____
(signature)

Study Abroad Coordinator _____ Date _____

Registrar _____ Date _____