

Institute for Global Studies & Affairs

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EDUCATION ABROAD

ACADEMIC CREDIT APPROVAL FORM – For Undergraduate Students

Name of Applicant: _____ Student ID#: _____

Current Address: _____

Phone: (____) _____ Program Dates and Destination: _____

I will be registered for the following courses at: (courses to be pre-filled in by student)

University of Cincinnati Outside University: _____

Quarter Registered	Course #	Title	# of Credits

The following section must be completed by the academic or faculty advisor approving the transfer of credit for study abroad:

1. Is this student in good academic standing? (2.0 or Higher) Yes No
2. Upon successful completion of the courses above, will the credits earned by this student be accepted towards the students' degree or certificate program? Yes No

Name of Academic Advisor (Please print) Title

Signature Date

Telephone Fax / E-mail

College Mail Location

Student Agreement

I have read the above statement and understand the credit transfer policy of the University of Cincinnati:

Student Signature: _____ Date: _____