

**George R. Muirhead Center for International Education
Central Connecticut State University**

COURSE PRIOR APPROVAL FORM

TO BE COMPLETED BY THE STUDENT:

Name: _____

CCSU ID Number: _____

Major: _____

Advisor: _____

Semester(s) spent abroad: Fall 20 _____ Spring 20 _____

Institution Abroad: _____

Please be advised that it is your responsibility to have this form completed in its entirety prior to your departure. Any changes made to your course selection abroad must be documented in writing at your initiative, including written approval from the appropriate department on a new additional prior approval form. Be certain that you understand all aspects of this form and their ramifications to your academic progress.

Student Signature

Date

TO BE COMPLETED BY THE FACULTY ADVISOR:

Please indicate your willingness to accept the following courses, which are to be taken at the institution listed above, as the equivalent of courses and credits taught in your department. The International Education Coordinator has provided the student with a description of credit equivalencies between CCSU and the host institution, as needed.

Course Title Abroad	Cr.	CCSU Course Number and Title	Cr.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Faculty Advisor Signature

Date