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EXCHANGE STUDENT CCSU COURSE SELECTION FORM

STUDENT NAME _____ CCSU ID NUMBER/SSN _____

REGISTRATION PERIOD FALL 20____ SPRING 20____

	REQUESTED COURSE CODE	DEPT & COURSE NUMBER COURSE TITLE	ALTERNATE COURSE CODE	DEPT & COURSE NUMBER	CREDITS
1					
2					
3					
4					
5					
6					
7					
8					

Please submit this form together with a transcript/list of completed or in-progress university coursework to the Center for International Education.