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.

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<th>Course Title Abroad</th>
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<th>CCSU Course Number and Title</th>
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Faculty Advisor Signature

Date

InterAff/CIE Admin/Forms/Prior Approval Form, rev. 9/18/08