

Saint Augustine's University
Global Study Abroad and International Programs
Study Abroad Transfer Credit Request

First Name _____ Last Name _____

Student ID# _____ Currently: Freshman Sophomore
 Junior Senior

Term Abroad Fall Spring Summer Year: _____

Program Name _____

I affirm that the course(s) I am requesting to take is (are) not course(s) that I have previously earned a grade of "D" or "F".

! Attach of copy of each course syllabi from the Host University !

Host University Course Name, Prefix & Number	Credits	Saint Augustine's Equivalent Prefix & Number	Credits	Signature of Department Chair

REQUIRED REVIEWERS and SIGNATURES

Study Abroad Director _____
PRINT Name Signature Date

Academic Advisor _____
PRINT Name Signature Date

Department Chair _____
PRINT Name Signature Date

Division Dean _____
PRINT Name Signature Date

VP for Academic Affairs _____
PRINT Name Signature Date