

MARIAN UNIVERSITY

Indianapolis®

Study Abroad

ACADEMIC PROGRAM FOR INTERNATIONAL STUDY

This form/agreement establishes that Marian University considers the student to be enrolled in an eligible program and accepts those credits which are earned at the "host" institution for credit towards the degree in that program, and that financial aid established with the home institution can be used to provide financial assistance

STEP 1. Complete the Student Section:

Name (please print): _____

Major: _____ Minor: _____

I request an International Study agreement for the following term:

academic year fall semester spring semester summer Enrollment year _____

I will be studying in _____ with _____ (name of program)

➤ I have permission from my academic department to take the following courses:

Title & credit	Equiv. MU course (code/number)	Req	Elec	App	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ The courses I have requested to take will be transferred back to Marian University to be used toward degree requirements, based upon an official transcript

➤ It is my responsibility to adhere to the policies of the host institution/consortium regarding due dates, application materials, fee structure, and course scheduling

➤ I understand that I am responsible for maintaining satisfactory academic progress

STEP 2. See your academic advisor to complete the following:

The above named student has permission to take course work as described above: Yes___ No___

The completed courses [noted above] will be used toward the student's degree requirements at Marian U.

Advisor's Name (please print): _____ Date: _____

Advisor's Signature: _____ Department: _____

Second Advisor (if applicable): _____ Date: _____

Return original to Dr. Wendy Westphal, Office of Study Abroad.

Copies of this form go to: the Registrar, the Advisor & the student

SA Form # 2 of 4

updated 12/15