

Permission to Study at Host University

Study Abroad Programs

Student Name: _____ Phone#: _____ Student ID#: _____
First M.I. Last

Accredited Host Institution: _____
Program University Country

Departure Date: _____ Return Date: _____ Student: _____
Signature Date

Term(s) Absent from CSUSB: _____

| # of Credits | Host Institution Transfer Course Description/Title | # of quarter credits | California State University, San Bernardino Equivalent | Advisor's Initials |
|--------------|--|----------------------|--|--------------------|
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Course will be substituted for a class for student's (check one):

- Major
 Minor
 GE requirements
 Graduation credit

Approvals

(Please return to the Center for International Studies and Programs, CISP)

Advisor's Signature: _____
Print Name Title Signature Date

Chair's Approval: _____
Print Name Title Signature Date

Dean's Approval: _____
Print Name Title Signature Date

Accredited Verification by: _____
(International Admissions CE – 350) Print Name Title Signature Date

Evaluator's Approval: _____
(Records, Registration & Evaluations UH- 158A) Print Name Title Signature Date

Financial Aid Approval: _____
(UH – 150) Print Name Title Signature Date

CISP Approval: _____
(CE – 356) Print Name Title Signature Date

California State University, San Bernardino
 Center for International Studies and Programs
 CE – 356, 5500 University Parkway, San Bernardino, CA 92407
 909.537.5193, fax 909.880.7020, <http://international.csusb.edu>