Permission to Study at Host University

Study Abroad Programs/ Summer

Student Name:		Phone#:	Student	: ID#:
First E-mail:	M.I. Last			
Accredited Host Institut	tion:			
Program		University		Country
Departure Date:	Return Date:	Student:Si		
		Si	gnature	Date
Host University Course Description/ Title			CSUSB Course Substitution/ Equivalent	
_	☐ GE requirements	dent's (check one): ☐ Cap Stones ☐ Lai		
For Major/ Minor:(Chair's Approval)		Title	Signature	Date
For GE/ Cap Stone:			C	
(Undergraduate Studies UH-352)Print Name		Title	Signature	Date
Evaluator's Approval:_ (Records, Registration & Evaluations UH- 158A)	Print Name	Title	Signature	Date
Financial Aid Approval	: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