

# Permission to Study at Host University

*Study Abroad Programs/ Semester, Year & CGM*

Student Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
First M.I. Last

E-mail: \_\_\_\_\_

Accredited Host Institution: \_\_\_\_\_  
Program University Country

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Student: \_\_\_\_\_  
Signature Date

# of Credits	Host Institution Transfer Course Description/Title	# of quarter credits	California State University, San Bernardino Equivalent	Advisor's Initials

Course will be substituted for a class for student's (check one):

☐ Major

☐ Minor

☐ GE requirements

☐ Elective

## 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 SH-134) 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>