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

<table>
<thead>
<tr>
<th># of Credits</th>
<th>Host Institution Transfer Course Description/Title</th>
<th># of quarter credits</th>
<th>California State University, San Bernardino Equivalent</th>
<th>Advisor’s Initials</th>
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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: __________________________
(Effective 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