Permission to Study at Host University

Study Abroad Programs/Summer

Student Name: ___________________________ Phone#: ___________________ Student ID#: ____________
First  M.I.  Last

E-mail: ________________________________

Accredited Host Institution:

Program
University
Country

Department Date: __________ Return Date: __________ Student: ____________________________________________
Signature

<table>
<thead>
<tr>
<th>Host University Course Description/Title</th>
<th>CSUSB Course Substitution/Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Major  ☐ Minor  ☐ GE requirements  ☐ Cap Stones  ☐ Language  ☐ Electives  ☐ Graduation credit

COMMENTS (Records Office ONLY):

________________________________________________________________________________________
_____________________________________________________________________________________
________________________________________________________________________________________

For Major/Minor: ____________________________________________
(Chair’s Approval)                                          Print Name  Title  Signature  Date

For GE/ Cap Stone: ________________________________________
(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: ____________________________________
(UH-150) 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