

Idaho State UNIVERSITY

ISU Study Abroad APPLICATION FOR TRANSFER OF CREDIT

Name: _____ Bengal ID Number: _____

Major: _____ Minor: _____ Expected date of Graduation: _____

Date Entered ISU: _____ Printed Name of Academic Advisor: _____

Semester (s) of Exchange Fall 20___ Spring 20___ Summer 20___ Email Address _____

Location of Exchange (city, country) _____ Host Institution Name _____

PLEASE NOTE THAT IF YOU RECEIVE FINANCIAL AID, YOUR AID WILL NOT BE RELEASED WITHOUT THIS FORM HAVING BEEN SIGNED BY YOUR DEPARTMENT CHAIR AND THE TRANSCRIPT EVALUATOR.

Host Program Course Title & Number*	ISU Course Title & Number	Goal #, Major/Minor Credit, Elective**	Dept. Chair Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note that it is your responsibility to provide the transcript evaluator with supporting documentation if foreign course work is questioned. ISU advises that you save all syllabi, text book lists and major projects or papers completed while abroad. **It is a good idea to get more classes approved than necessary in case you need to make changes upon arrival.**

Study Plan Approved:

Name of Department Chair

Chief Evaluator

Signature of Department Chair

Date

**** Please note if course will transfer as a Goal, Major credit, Minor credit, or Elective.**

STUDENT SHOULD KEEP A COPY AND ONE COPY SHOULD BE SUBMITTED TO THE Study Abroad Coordinator, INTERNATIONAL PROGRAMS OFFICE