Permission to Study at Host University

Study Abroad Programs

Student Name: _______________________________ Phone#: ___________________ Student ID#: ____________

First       M.I.       Last

Accredited Host Institution: ____________________________________________________________________

Program    University    Country

Departure Date: __________  Return Date: __________  Student: _______________________________________

Signature    Date

Term(s) Absent from CSUSB: ________________________________________________________________

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Major    ☐ Minor    ☐ GE requirements    ☐ Graduation credit

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 CE – 350) 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