REQUEST FOR PRIOR APPROVAL OF STUDY ABROAD PROGRAM TRANSFER CREDIT

TO THE STUDENT: Students participating in exchange or study abroad programs must complete this form to request credits for courses taken abroad. List each course that you will take abroad and obtain approvals from faculty members in the departments from which you plan to obtain credit. A separate Prior Approval form must be completed for each semester/term abroad; study abroad must not exceed one calendar year.

Name: ___________________________ Student ID# __________ Date: __________
Major/Minor: ___________________________ Date of proposed study: Winter: _________
Academic Level: Undergraduate Grad. Tel. ( ): __________ Spring: _________
Host City/ Country: ___________________________ Summer: _________ Fall: _________
UMass Email: ___________________________ Dates of proposed study:
Study Abroad Provider: ___________________________ Winter: _________ Spring: _________
Host Institution: ___________________________ Summer: _________ Fall: _________

1. Each course must be signed off by the UMass academic department that would award the credit. Print the syllabus/course description for each course you would like to take abroad, plus we suggest including an alternate for each course. For example, if you are planning on taking 4 courses abroad, you are recommended to have a minimum of 8 courses pre-approved.

2. Contact the appropriate department to review each course in that discipline. You must provide the printed syllabus and/or course description to the Dept. Chair who will approve credit. Follow this procedure for each course.

3. Once each individual course has been approved, contact the Department Chairperson (or Graduate Coordinator) of your major to review and sign on the second page of the course approval form in the designated spot. UMass Lowell students may also obtain this signature from their Academic Advisor.

4. Bring the form with all the above authorizations completed, to the study abroad office prior to the end of the term just previous to your study abroad.

I am aware of the policies and procedures outlined in my home campus university catalog and referenced on the study abroad webpages. If I register for courses not listed on this form, I understand that it is my responsibility to notify the study abroad office immediately of this change, obtain written approval from the appropriate Department Chairperson and forward this approval to the study abroad office. Failure to do so may result in zero credit for those course/s. I am aware that I must maintain enrollment equivalent to full-time status in the Fall or Spring semesters.

Student Signature: ___________________________ Date: __________
Name of Academic Advisor: ___________________________ Name of Dept. Chair ___________________________

TO FACULTY: This form verifies student enrollment status and is a required form for release of financial aid. Please complete and return to the student promptly. This student has applied for study abroad and requests that the following course(s) be approved for academic credit. Please evaluate the course, determine most suitable course equivalent and number of credits to be awarded – UMass equivalent courses should each carry 3 credits. If there isn’t an appropriate equivalency, elective credit may be granted. All approved courses taken abroad must have an assigned equivalency. (UMass Lowell: Please indicate if the course meets special designations, ie. AH, SS, SCL, Gen Ed, etc.)

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<th>Study Abroad Course Title</th>
<th>Course#</th>
<th>Host Credit</th>
<th>UMass Campus Equivalent Course #</th>
<th>UMass Credits</th>
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REQUEST FOR PRIOR APPROVAL OF TRANSFER CREDIT OF STUDY ABROAD PROGRAMS

TO STUDENT & CHAIR/FACULTY MEMBER: The signatures below indicate review of the courses taken abroad in relation to completion of degree requirements. SIGN AND RETURN TO YOUR HOME CAMPUS STUDY ABROAD OFFICE.

UMass Boston, Office of Global Programs
100 Morrissey Blvd, Boston, MA 02125, Ph: 617-287-5586 Fax: 617-287-3963, Email: Studyabroad@umb.edu  www.oita.umb.edu
UMB Transfer Credit Evaluator: _______________________________ Print Name: _______________________________ Date: __________
Major Department Chair _______________________________ Print Name: _______________________________ Date: __________
Study Abroad/ Exchange Advisor: _______________________________ Print Name: _______________________________ Date: __________
The student should submit a completed/signed copy of the Prior Approval Form to the Financial Aid Office in order to disperse financial aid.

UMass Dartmouth, International Programs Office
285 Old Westport Road, LARTS 016, No. Dartmouth, MA 02747, Ph: 508-910-6506 E-mail: intl_programs@umassd.edu  www.umassd.edu/ipo/studyabroad/
Major Department Chair _______________________________ Print Name: _______________________________ Date: __________
College Liaison (CVPA) or Dept. Graduate Coordinator: _______________________________ Print Name: _______________________________ Date: __________
Study Abroad/ Exchange Advisor: _______________________________ Print Name: _______________________________ Date: __________

UMass Lowell, The Office of Study Abroad and International Experiences
O'Leary Library 271 M, Mezzanine, Lowell, MA 01854, Ph.: 978-934-4660 Email: studyabroad@uml.edu  www.uml.edu/international-programs/
Major Department Chair/Faculty Advisor _______________________________ Print Name: _______________________________ Date: __________
** Indicate if the student needs these credits to be applied to the University residency requirement. Yes/No Initials _________
(See Study Abroad Transfer policy: http://www.uml.edu/international-programs/policies-procedures/Policies.aspx )
Dept. Graduate Coordinator or College Liaison: _______________________________ Print Name: _______________________________ Date: __________
Study Abroad/ Exchange Coordinator: _______________________________ Print Name: _______________________________ Date: __________