



Indicate: Student's Home Campus

- UMass Boston
- UMass Dartmouth
- UMass Lowell

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: _____ / / _____ Academic Level: Undergraduate Grad. Tel. () _____
 Host City/ Country: _____ Study Abroad Provider: _____ Host Institution: _____
 UMass Email: _____ Dates of proposed study: Winter: _____ Spring: _____ Summer: _____ Fall: _____

- 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.
- 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.
- 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.
- 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.)

Study Abroad Course Title	Course#	Host Credit	UMass Campus Equivalent Course #	UMass Credits	Chair Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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: _____