



UNIVERSITY of MONTEVALLO

STUDY AWAY PROGRAM

Course Approval Form

Date: _____ NSE Only: Plan A _____ or Plan B _____

Student Name: _____ UM ID: M _____

Major: _____ College (UM): _____

Semester(s) Away: Fall _____ Spring _____ Summer _____ AY _____ Year: _____

This student will study at: _____
Name of School State/City/Country

Sponsored by or affiliated with: _____
Program

The student intends to enroll in several of the following subjects and requires departmental approval of courses (e.g., scrutiny of course descriptions, contact hours, syllabus, or the like). The student has listed more subjects than required in case of on-site scheduling difficulties. If approved, indicate below an estimation of credit based on your analysis of the course.

Primary Courses

Transfer Course	Title	Credit Hours	UM Course	Title	Credit Hours

Backup Courses (if needed)

Transfer Course	Title	Credit Hours	UM Course	Title	Credit Hours

Student Signature: _____

Date: _____

Required Approval Signatures:

Advisor: _____ Date: _____

Advisor: _____ Date: _____

Major Department Chair: _____ Date: _____

Student Aid: _____ Date: _____

NSE/SA Coordinator: _____ Date: _____

Registrar: _____ Date: _____

Return signed form to the NSE/SA Coordinator, who will then sign it and forward it to the Registrar's Office for final processing.