



Course Approval Form

Date: _____

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
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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: _____

Study Abroad Coordinator: _____

Date: _____

Registrar: _____

Date: _____

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