



ACADEMIC ADVISER APPROVAL

Student Name: _____ Student ID: _____

Study Abroad Program: _____ Term and Year: _____

Tentative schedule for the semester abroad:

COURSE OFFERED ABROAD	EQUIVALENT COURSE AT STMU

This student has consulted with me regarding his/her participation in the study abroad program listed above. I have reviewed and approved his/her tentative schedule of courses. We have also discussed a plan of action for registering for STMU courses for the term following his/her return from abroad. The student understands that it is his/her responsibility to communicate with me via e-mail during the Priority Registration period in order for me to approve a schedule of classes and register the student for the upcoming semester.

Academic Adviser Printed Name and Signature

Date

Program or IEP Director Signature

Date

REGISTRAR APPROVAL

The student named above has consulted with me regarding his/her participation in the program listed above. I have reviewed the tentative schedule of courses. The student is aware that any changes to this schedule require immediate notification to the Registrar's Office. I have approved the courses he/she has elected to take while participating in this study abroad program.

Registrar or Assoc. Registrar Printed Name and Signature

Date

For Business Students Only

Business School Approval Name and Signature

Date