

One-on-One Exchange Program COURSE WORK APPROVAL FORM

Name _____

ID # _____

Host University _____

To facilitate the transfer of credits when you return to CSUF campus, course equivalencies need to be evaluated and approved in advance. If all requirements are fulfilled, classes taken abroad will be transferred as CR/No CR.

To the student:

Dear Student, in order to assist you in your efforts to obtain appropriate advising and credit for the One-on-One Exchange Program, we ask you to sign your name below indicating that you have met with the appropriate advisors and will communicate directly with them should there be any change in your planned course of study. Return this form to the International Business Programs Office.

To the Department Chairs:

Please, write your name and signature for the courses you approve.

ABROAD COURSE TITLE			CSUF EQUIVALENT			DEPARTMENT CHAIR		Program Director
Course #	Course Title	# of units	Course #	Course Title	# of units	Name	Approval Signature	Approval Signature

Obtain signature from Undergraduate Advisor. This signature represents that the student has met with the corresponding department chairs, and has received approval for the courses indicated above.

Signature

Date

I certify that I will inform my academic advisor (via e-mail or fax) if the agreed upon coursework is not available at the time of the exchange and that I will present him or her with additional coursework options so that they may advise me appropriately.

Signature

Date