COURSE ADVISEMENT & REGISTRATION FOR STUDY ABROAD

STUDENT NAME_____ STUDENT NO._____

LOCAL ADDRESS:_____ LOCAL PHONE_____

MAJOR_____ EMAIL_____

NAME OF PROGRAM_____ DATES OF PARTICIPATION_____

PROGRAM ABROAD COURSE	NU EQUIV. CRS. HRS.	TO BE USED IN (ELECTIVE DISTRIBUTION, etc.)
1._____	_____	_____
Alternate_____	_____	_____
2._____	_____	_____
Alternate_____	_____	_____
3._____	_____	_____
Alternate_____	_____	_____
4._____	_____	_____
Alternate_____	_____	_____
5._____	_____	_____
Alternate_____	_____	_____
Other Alternate Courses	Total Credit Hours	
_____	_____	

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*Course Descriptions Must Be Attached (Non-NU Programs) ☐ Do Not Compute SA Grades in QPA (Non-NU Programs)

_____
Signature Academic Advisor Date

_____
Signature Academic Dean/Asst. Dean Date

*Comments_____

Disclaimer: I understand that if I take courses other than those approved above, they may not apply to my degree. Any course changes need approval from the Director of International Relations and the Dean of the Student's College.

_____
Student Signature Date

_____
Signature Director International Relations Date

PROGRAM IS AFFILIATED _____

PROGRAM IS NON-AFFILIATED _____

Study Abroad forwards copies to: OIR /DEAN/FAO/STUDENT

REV. November 2023