

Study Abroad Course Learning Agreement and Credit Transfer Form

Last Name:	First Name:	Coyote ID:	Email: @coyote.csusb.edu
Study Abroad Term(s) Year(s):		City, Country:	Host Institution Name:
Affiliated Company (if applicable):		Major:	Minor (if applicable):

Students: Please complete the following table. List the department, number, title, and credit hours for each course you plan on taking at the host institution as described in the host course catalog. For each course selected, attach a copy of the host institution's course descriptions or syllabi. With the help of your academic department, indicate how each course will be accepted. *Note: Upon your return you or your host institution are to submit an official transcript to the study abroad office (CGI 301).*

CSUSB Course Title and Description	Credit/Hours	Host Institution Course Title <i>Attach descriptions to separate page</i>	Credit/Hours	Lower Division <input type="checkbox"/>	Upper Division <input type="checkbox"/>	General Education Specify in comments	Major Write acronym (e.g., PSYC)	Minor Write acronym (e.g., SPAN)	Advisor's Initials
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Student Comments: <i>You may need to attach a separate page</i>	
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Student Print Name: _____

Student Signature: _____

Date: _____

Professional or Academic Advisor Name: _____

Professional or Academic Advisor Signature: _____

Date: _____

Department Chair Name: _____

Department Chair Signature: _____

Date: _____

Registrar's Office Name (UH-178) : _____

Registrar's Office Signature (UH-178) : _____

Date: _____

Comments:

*You may need to
attach a separate page*