



Credit Approval Form

Student Name _____ SS# _____

Current Address _____

Telephone: Home (_____) _____ Cell (_____) _____

Program Name _____ Winter / Summer Term _____

Number of Weeks on Program _____ Year of Departure _____

The following must be completed by the official at your institution who is responsible for approving study abroad and academic credit transfer:

Has this student filled out the necessary study abroad forms at your institution? yes no

If no, please explain _____

Will the credits this student earns while he/she is studying abroad with Intrax count toward his/her graduation requirements?

Yes, credits earned while abroad will be accepted towards the student's degree program.

Yes, subject to the following conditions _____

No, credits will not be accepted towards the students degree program

Name and Title (please print) _____

Signature _____ Date ____ / ____ / ____

Telephone (_____) _____ Email _____

Student Agreement

I have read the statements above, and understand my school's credit transfer policy - Or - I understand by signing this blank form that I am not interested in receiving academic credit for my time abroad.

Signature _____ Date ____ / ____ / ____