CSM – Office of International Programs

Undergraduate Prior Approval Form

Na	me:		CWID:		Date:
	Major:		Class Standing: FR	SO JR	SR
Term(s) Abroad: Fall Spring Summer of Year: Host University:					
Anticipated Graduated Date Student Signature:					
I am studying abroad as part of the McBride Honors program for credit (Please list courses) Yes □ No □					
When completing this form, make sure to attach course syllabi from the overseas Host University. An official transcript issued directly from the overseas Host University, displaying grades for the below-listed courses, must accompany this form for final credit. Transfer credit is only awarded for grades of an equivalent 'C' or better. Please be aware that if a course does not apply to your current degree program, the course will not transfer. If this course is needed as a pre-requisite, a Registration Action Form will still be required until the course transfers.					
1	Course Name/Number Overseas	Hours	CSM Code/Number Equivalent		Converted Hours made by Registrar's Office)
2					
3					
4					
5					
6					
7					
8					
9					
LO					
l 1					
L2					
L3					
Approval Signatures and Date					
Approval	Registrar's Office:				
Post	OIP Director:		Transcript Com	ment: Yes 🗌	No 🗆

RG Office Use Only Processed: _____ Date: _____ Transcript Comment: _____