EKU Study Abroad Course Pre-Approval Form
Eastern Kentucky University
Office of the Registrar

Student Name: ____________________________  EKU ID: ____________________________  TERM / YEAR of study: ____________________________

1. This form must be completed and endorsed by the EKU Center for International Education before they will approve your participation in a study abroad program.
2. Courses must be evaluated by the appropriate department. Please provide course descriptions to determine how the proposed course(s) may match current EKU courses.
3. Once you have returned to EKU from your study abroad experience no academic credit from the foreign institution can be recorded onto your EKU transcript until an official transcript is received. The foreign transcript must be mailed directly to EKU from your foreign study institution.
4. Be sure to request an official transcript from the foreign institution BEFORE you leave the country to return to EKU.

Part 1:
Name of Study Abroad Program/Country of Study __________________________________________________________
Institution where you will study __________________________________________________________
Language of instruction __________________________________________________________

Part 2: (To be completed by using list of approved and evaluated courses)  Student Major: __________________________________________

<table>
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<tr>
<th>Proposed Courses – No. and Title (it is recommended to include alternates, in case some prior approved courses are cancelled)</th>
<th>Foreign Credit Hrs:</th>
<th>EKU Equivalent Prefix &amp; no.</th>
<th>Course Departmental Approval</th>
<th>EKU Credit Hrs:</th>
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Required approving signatures:

__________________________________________  ____________________________________________  ________________  
Student’s Primary Academic Advisor or Chair (Please Print)  Signature of Advisor/Chair  Date

For Office use only:  
Study Abroad Code: ____________  
Study Abroad Coordinator Signature: ____________________________  Date Approved: ____________  
Registrar’s Office Signature: ____________________________  Date Recorded: ____________