**UNDERGRADUATE STUDY ABROAD TRANSFER CREDIT AGREEMENT**

Name: ____________________________ Student ID#: ____________________________

Classification: ____________________ Anticipated Date of Graduation: ______/_____/____

Phone: ____________________________ Email: ____________________________

**Type of Program:**

☐ A. Exchange ☐ B. Affiliated ☐ C. Non-Affiliated

Host Institution: ______________________________ City: ______________________________ Country: ______________________________

Name of Affiliated Provider (if applicable): ____________________________________________________________

Name of Non-Affiliated Provider (if applicable): ____________________________________________________________

Program Dates: From ______/_____/______ To _____/_____/______

Institution issuing the transcript: ________________________________________________________________

You MUST attach course description and/or syllabi. This form WILL NOT be processed if the required information is not attached.

Course numbers should be listed as they appear in the course catalog or official publication. If more courses are being requested, please attach an additional form.

<table>
<thead>
<tr>
<th>COURSES TO BE TAKEN ABROAD DEPT/COURSE # AND TITLE</th>
<th>TEXAS STATE EQUIVALENCY</th>
<th>SATISFIES DEGREE REQUIREMENT?</th>
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</tbody>
</table>

Student Major: ____________________________ Student Minor: ____________________________

**Undergraduate Study Abroad Transfer Credit Agreement**

STUDY ABROAD OFFICE
By signing this form, I certify that I understand and accept that I am responsible for the duties related to my participation in an education abroad program. I further understand that it is my responsibility to verify the applicability of courses toward my degree program with my academic advisor. I have read the "Study Abroad Transfer Credit Agreement Policies" (located in my study abroad application under materials / signature documents) and understand my responsibilities as stated.

Student Signature ____________________________ Date:__________

Print Name ____________________________ Student ID# ____________

FOR OFFICE USE ONLY

Study Abroad Recommendation: Yes  No  Signature:_________________________ Date:__________

Evaluated by:_____________________________ Date:__________

Attending Institution FICE Code:_________________________

Institution issuing the transcript FICE Code:____________________

The copy of the “Study Abroad Transfer Credit Agreement Policies” can also be found at www.studyabroad.txstate.edu/forms