TEXAS STATE UNIVERSITY
The rising STAR of Texas

EDUCATION ABROAD GRADUATE TRANSFER CREDIT AGREEMENT

Name:_____ Student ID#:_____

Anticipated Date of Graduation: _____/_____/_____
    mm   dd   yyyy

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 _____/_____/_____
        mm   dd   yyyy   mm   dd   yyyy

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.

To be completed by student	*To be completed by the Graduate Advisor*	*To be completed by the Graduate College Dean*
COURSES TO BE TAKEN ABROAD DEPT/COURSE # AND TITLE	**TEXAS STATE COURSE SUBSTITUTION**	**SATISFIES DEGREE REQUIREMENT?**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

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STUDENT ACKNOWLEDGMENT

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 "Education Abroad Transfer Credit Agreement Policies" (located in my study abroad application under materials / signature documents) and understand my responsibilities as stated.

_____   _____
*Student Name   Date

_____
Student ID#

GRADUATE ADVISOR PETITIONS FOR COURSE SUBSTITUTIONS

_____   _____
*Graduate Advisor /   Date
Doctoral Program Director

_____   _____   _____
Department/College   E-mail   Phone Number

THE GRADUATE DEAN APPROVAL

_____   _____
Dr. Andrea Golato   Date

Dean of the Graduate College   **gcdegspcl@txstate.edu**   **512.245.2581**
Title   E-mail   Phone Number

EDUCATION ABROAD RECOMMENDATION

Education Abroad Recommendation: Yes   No

_____   _____
*Education Abroad staff member   Date

_____   _____   _____
Title   E-mail   Phone Number

*"I understand that by typing my name, I am electronically signing this document".