

STUDY ABROAD COURSE APPROVAL FORM

Student Name	MU ID Number	MU Academic College	Major 1	Major 2 or Minor
Receiving (Host) Institution	Program Location (Host City, Country)	Study Abroad Term	/ Year	MCC – Discovery Tier Theme

<i>STUDENT AREA: Section to be completed by student (course syllabi or descriptions should be provided for courses)</i>				<i>ADMIN AREA: Section to be completed by Dept. Chair or College Rep.</i>		
Host Course # & Title <i>(e.g. IT101 Italian Language I)</i>	Host Credits	Requested MU Course Equivalent <i>There is no guarantee this specific course will be approved</i>	Honors elective credit?	Approved MU Course Equivalent	Applies To <i>(e.g. major/minor, MCC)</i>	College Representative Approval

Notes:

Instructions: Complete a study abroad course approval form (CAF) for all study abroad (host)courses you are interested in taking at your host institution. Complete one CAF per program. Marquette University nor the Office of International Education (OIE) can guarantee enrollment into the courses listed on the CAF.

1. Complete the top section and four left-most (non-shaded) columns of the chart.
2. Share CAF and course syllabi/details with the appropriate college contact (listed to the right).
3. Once signatures are obtained for all courses, ensure a copy is sent to studyabroad@marquette.edu.

College Contacts for Study Abroad Course Approvals:

- Arts & Sciences: **Luciana Fitzgerald**
- Business: **Meghann Polivka**
- Communication: **Erin O'Brien**
- Education: **Tina McNamara**
- Engineering: **Mark Federle**
- Health Sciences: **Michelle Schuh**
- Nursing: **Julie Radford**

Officially Reviewed On:

VERIFICATION OF COURSE ENROLLMENT FORM

STUDENT INFORMATION

Student Name: _____	Receiving (Host) Institution: _____
MU Academic College: _____	Host City, Country: _____
MU Email Address: _____	Study Abroad Term: _____ Year: _____
MU ID Number: _____	

Instructions: As soon as course enrollment at the host institution is finalized, students must complete the verification of course enrollment form. This is separate from the study abroad course approval form. Failure to complete this form may jeopardize the student’s enrollment status at Marquette University. To complete this form, do the following –

1. Fill in the **STUDENT INFORMATION** and **PROGRAM COURSE ENROLLMENT** sections.
2. Submit the form to your host institution study abroad office or relevant office to obtain a signature confirming your enrollment in the **HOST INSTITUTION** section.
3. Upload the completed form with signatures through your [MUGlobal Portal](#) OR request of your host institution to email it to studyabroad@marquette.edu.

Reminder: Students are responsible for obtaining approvals for those study abroad courses listed below which were not previously approved on the course approval form (CAF). It is strongly recommended that you keep a copy of your study abroad course syllabi until after your study abroad transfer credit process at Marquette has been completed, which can take up to 3 months following your return back to campus.

PROGRAM COURSE ENROLLMENT

List only the HOST INSTITUTION courses and credit values you are enrolled in, NOT their Marquette equivalents. If necessary, continue this list on a separate sheet.

- For semester study abroad programming, you MUST be enrolled full-time (equivalent to 12 MU credits).
- For summer study abroad programming, you must be enrolled for the number of credits you are registered for at Marquette.

Confirmed On CAF?	Host Institution Course Code	Host Institution Course Title	Number of Host Credits
☑	<i>IT101</i>	<i>Italian Language I</i>	5
Total Host Institution Credits			

I confirm that the information listed above is complete and accurate as of the date of submission. I understand that if any changes are made to this schedule while I am abroad, I am responsible for submitting an updated study abroad course approval form to the Office of International Education (OIE) to reflect the courses above. This includes adding, dropping or swapping of any classes.

Student Signature: _____ Date: _____

HOST INSTITUTION **REQUIRED: SECTION BELOW IS COMPLETED BY HOST INSTITUTION**
By signing below, I confirm that the above-named student is enrolled in the courses listed above.
Academic Coordinator’s Name Printed: _____
Academic Coordinator’s Signature: _____ Date: _____