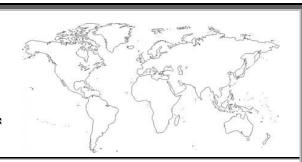
IOWA STATE UNIVERSITY COLLEGE OF ENGINEERING

PRELIMINARY DEPARTMENT REVIEW OF STUDY ABROAD TRANSFER COURSE*



Student's	Evaluator's
Name	Name
Last First	Office Address
ID #	
Curriculum/Major	Phone Number
Option Catalog	Email Address_ ***********************************
option	Choose one:
International Institution	Approved: No further review required
Country	Requires review after study abroad is completed
Study Abroad Term	Not Approved for Substitution
************	****************
COURSE NUMBER & TITLE	TRANSFER COURSE SUBSTITUTES
	FOR
	ISU Course
Number of Credits	Number of Credits
****************	*****************
Adviser's Comments:	Evaluator's Comments:
Adviser's	Evaluator's
Signature	Signature
Date	Date
TEP 3: After the preliminary evaluation, the stude	nt returns this form to the academic adviser.
TEP 4: Adviser attaches review to the electronic de	
SU Course # (from Perm. Record)	Adviser's/DARS contact person Signature
Requirement Sub-Requirement	Previous Catalogs Approved for
	Date