



**PRELIMINARY DEPARTMENT REVIEW
OF STUDY ABROAD TRANSFER COURSE***

STEP 1: STUDENT/COURSE INFORMATION

Student's Name _____
Last First

ID # _____

Curriculum/Major _____

Option _____ Catalog _____

International Institution _____

Country _____

Study Abroad Term _____

COURSE NUMBER & TITLE _____

Number of Credits _____

Adviser's Comments:

Adviser's Signature _____

Date _____

STEP 2: DEPARTMENT EVALUATION

Evaluator's Name _____

Office Address _____

Phone Number _____

Email Address _____

Choose one:

_____ No further review required

_____ Requires review after study abroad is completed

**TRANSFER COURSE SUBSTITUTES
FOR** _____

ISU Course

Number of Credits _____

Evaluator's Comments:

Evaluator's Signature _____

Date _____

STEP 3: After the preliminary evaluation, the student returns this form to the academic adviser.

STEP 4: Adviser sends a request for a degree audit update to 110 Marston.

ISU Course # (from Perm. Record) _____

Requirement _____ Sub-Requirement _____
(if no further review required – degree audit attached)

Adviser's Signature _____

Date _____