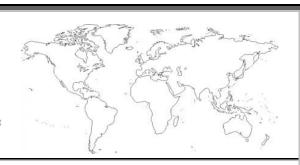
IOWA STATE UNIVERSITY COLLEGE OF ENGINEERING

PRELIMINARY DEPARTMENT REVIEW OF STUDY ABROAD TRANSFER COURSE*



STEP 1: STUDENT/COURSE INFORMATION	STEP 2: DEPARTMENT EVALUATION
Student's Name	Evaluator's Name
Last First	
ID #	Office Address
Curriculum/Major	Phone Number
Option Catalog	Email Address
International Institution	Choose one: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
Number of Credits ********************************	ISU Course
Adviser's Signature	Evaluator's Signature
Date	Date
TEP 3: After the preliminary evaluation, the student TEP 4: Adviser attaches review to the electronic deg SU Course # (from Perm. Record)	
Requirement Sub-Requirement	Previous Catalogs Approved for
	Date