

Claflin University
Office of International Studies
Permission to Study Abroad

Name _____ Student ID Number _____

Anticipated Program, Country _____

Working with your department chair, select those courses that will transfer to your program of study. Also determine the courses that you will take upon your return. The signatures below will allow you to pre-register while overseas.

Proposed Overseas Courses	Courses for Returning Semester
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Anticipated Hours _____	Total Anticipated Hours _____

This student has been approved to enroll in the above courses while studying abroad and to pre-register for the returning semester.

 Department Chairman's Signature

 Date

 Dean of the School's Signature

 Date

 Director of the Honors College (if applicable)

 Date

 Vice President of Student Development & Services

 Date

The Study Abroad Office has received this form

 Director of Study Abroad

 Date

 Assistant Vice President of Academic Affairs

 Date