



Bluefield State College

Bluefield State College Study Abroad Course Credit Approval Form

- This form must be completed prior to each term of enrollment in the Study Abroad Program.
- Actual credits awarded will depend on Bluefield State College's evaluation of the final official transcript from the host institution.

Form routing order:

1. Admissions Office
2. Academic Dean/Advisor
3. Office of the Registrar
4. International Initiatives (Study Abroad Coordinator)

Student Name: _____

#000: _____ **Phone:** _____ **B S C E-mail:** _____

BSC School: _____

BSC Major: _____

- Host institution name: _____
- Country: _____
- Fall____ Spring____ S u m m e r ____ Other: _____
(A form must be completed for each term abroad)
- Type of program: Exchange____ Semester Abroad____ Other _____
- Program starting date: _____ Program ending date: _____
 - Grading option: Credit/No Credit____ Letter Grade_____

Completed by Student	Completed by Admissions		Completed by Dean/Advisor	
Proposed Courses (course title and # of units)	BSC Equivalent Course	BSC Credits	Approved for Degree	
			Yes	No
Alternate Courses				

ADMISSIONS

Admissions officer printed name: _____

Admissions officer signature: _____ Date: _____

SCHOOL DEAN/ADVISOR

Dean/Advisor certifies that courses listed above have been reviewed for applicability to BSC degree.

Dean/ Advisor printed name: _____

Dean/ Advisor signature: _____ Date: _____

REGISTRAR

This student is in good academic standing and has at least a 2.5 overall/cumulative GPA as well as at least 2.5 GPA earned at Bluefield State College (if a transfer student).

Registrar signature and seal: _____ Date: _____

STUDY ABROAD COORDINATOR

- Is tuition/fees payable to Bluefield State College? Yes _____ No _____
- Is room/board payable to Bluefield State College? Yes _____ No _____
- Does a contract agreement exist between the host institution and Bluefield State College? Yes _____ No _____

Study Abroad Coordinator printed name: _____

Study Abroad Coordinator signature: _____ Date: _____

STUDENT

I have reviewed and agree with the information included on this form.

Student printed name: _____ #000: _____

Student signature: _____ Date: _____

FOR SFA OFFICE USE ONLY

Tracking Code: STABCC

Logged by: _____

Date logged: _____