



EDUCATION ABROAD TRANSFER CREDIT APPROVAL FORM

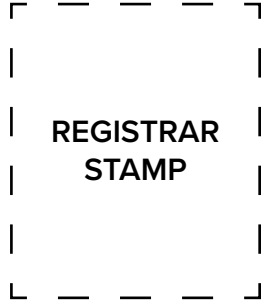
This form is required for all CSU undergraduate students participating in an approved transfer credit education abroad program. Coursework is pre-evaluated by the Registrar’s Office to determine how it will transfer back to CSU.

STUDENT INFORMATION

Name: _____ CSU ID #: _____ RAMS Email Address: _____
 Program Name: _____ Location: _____ Sponsor (i.e. CSU, ISA, USAC): _____
 Term Abroad: _____ Intent to use Veterans’ Benefits? (Y/N): _____

STUDENT INSTRUCTIONS/CHECKLIST

- o STEP 1: Determine your CSU Graduation Requirements (look at DARS or meet with your ASC/academic advisor).
- o STEP 2: Research courses at your host institution that meet requirements and save electronic copies of all course descriptions.
- o STEP 3: Save this form to your desktop. Close the form and reopen using Adobe. Fill in “Completed by Student” sections.
- o STEP 4: Upload Transfer Credit form and all course descriptions to the following website:
<https://registrar.colostate.edu/international-transfer-credit-education-abroad/>
- o STEP 5: Check your @RAMS email for receipt of your evaluated form and guidance on next steps (allow two weeks for processing).
- o STEP 6: After forms have been stamped and signed by the Registrar and advisor(s), they should be emailed to educationabroad@colostate.edu. Make a copy for your records.



| COMPLETED BY STUDENT | | COMPLETED BY REGISTRAR | | COMPLETED BY DEPARTMENT/ADVISOR | | | |
|-------------------------------------|--------------|----------------------------------|----------------------|------------------------------------------|----------------------------------------------------|-------------------------------|-------------------------|
| Host Institution Course Information | | CSU Course Equivalency & Initial | # of credits awarded | ~√ if equivalency determined upon return | Indicate major, minor, and/or elective requirement | ~√ if applies to all students | Re-evaluation & Initial |
| Course Prefix/Number (i.e. SOC 100) | Course Title | | | | | | |
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REGISTRAR COMMENTS:
 Institution Issuing Transcript: _____

ASC/ACADEMIC ADVISOR APPROVAL & COMMENTS:

| | | |
|-------------------------------------------------|-----------|-------|
| _____ | _____ | _____ |
| ASC/Academic Advisor Name | Signature | Date |
| _____ | _____ | _____ |
| Second Major/Minor Advisor Name (if applicable) | Signature | Date |