



STUDY ABROAD INFORMATION FORM Non-Consortium Programs

Student Name _____

NSU ID _____

Major: _____ Year: FR SOPH JR SR

Date Courses Approved for Transfer _____ Number of Credits _____

Name of Academic Advisor _____

Foreign Institution Name _____

Term of Study Abroad Program _____ Start Date _____ End Date _____

Course at Foreign Institution	NSU Equivalent Course

NSU Study Abroad Office

Date