

**STUDY ABROAD COURSE CHANGE APPROVAL FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CWID | |  | | First Name |  | | | Last Name | |  | |
| Host Institution | | |  | | | | | | | | |
| Placement Duration | | | Fall        Spring        Full Academic Year        Summer | | | | | | | | |
| College |  | | Major(s) |  | | Minor |  | | Advisor | |  |

**Instructions**

1. While abroad, the student completes section 1 with confirmed courses. Include both new courses and those previously approved and course descriptions for any new courses – either with a link or as a separate document attached to your email.
2. Send this completed document to [cie@loyno.edu](mailto:cie@loyno.edu) and we will send to the appropriate individuals on campus for approval.
3. Once the sheet has been approved, CIE will return the form to you for approval by your institution.
4. If you make any further changes to your schedule, you must submit an additional course change approval form.

**I. SECTION TO BE COMPLETED DURING STUDY ABROAD**

**Table 1: Changes to program of study –** Please confirm below all the courses that you are taking abroad.

This form should be sent to CIE for initial approval and will be sent to appropriate individuals.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Code** | **Course Title** | **Course Description (Add link or a separate document)** | **Added** | **Previously Approved** |  | | **Major, Minor, Elective, Common Curriculum or specific course equivalent** |
| **Host Country Credits (e.g. ECTS)** | **Loyola Credits** |
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| **Total Number of Credits:** | | | | |  |  | **N/A** |

**Table 2: Email Confirmation from Loyola**

*The following individuals confirm that they approve the proposed changes to the study abroad course schedule.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Email Confirmation** | **Date** |
| **Student** |  |  |  |
| **Advisor’s Approval** |  |  |  |
| **Chair’s Approval** |  |  |  |
| **Associate Dean / College Approval** |  |  |  |
| **Second major or Minor Chair’s Approval** |  |  |  |
| **Foreign Lang. Chair’s Approval** |  |  |  |
| **Director of Honors Program Approval** |  |  |  |

**II. HOST INSTITUTION APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsible Person at the Host Institution:** | | | |
| **Name** |  | **Signature** |  |
| **Phone** |  | **Email** |  |

*If available please insert institutional stamp.*

**Please return this form to:**

**Center for International Education**

**Loyola University New Orleans**

**cie@loyno.edu**