AUTHORIZATION FOR STUDY ABROAD TRANSFER CREDIT
NON-ROANOKE COLLEGE PROGRAM

Student Name: ________________________________ ID Number: ________________________________

Local Address: ____________________________________________

Cell phone: ____________________________________________

Classification: ____________________________________________

School abroad: ____________________________________________

Overall GPA: ____________________________________________

Address: ____________________________________________

Major GPA: ____________________________________________

Major(s): ____________________________________________

Dates of Study: ____________________________________________

I request permission to transfer the courses listed below, either as Roanoke College equivalents or otherwise. I understand that credits will be accepted according to prevailing College policy.

<table>
<thead>
<tr>
<th>Transfer Course</th>
<th>Roanoke Equivalent or Area of Credit</th>
<th>Units</th>
<th>Major/Minor/Conc/Elective</th>
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Academic Advisor’s Signature ____________________________ Date: ____________

Student Signature ____________________________ Date: ____________

Changes in the above program require the immediate notification of the departmental chairperson and the Associate Dean/Registrar to ensure transfer of credit.

Approved: ____________________________________________ Date: ____________

Chairperson

Approved: ____________________________________________ Date: ____________

Associate Dean/Registrar

Logged by Office of International Education: ____________________________ Date: ____________

REG021 rev 04/06