

**Post-Approval of Study Abroad Credit (Approved Programs)****1. Student & Program Information**

Please
Print _____ **Banner#** _____
Last Name **First Name** **MI**

E-Mail _____ **Box** _____ **Phone** _____

Completed work at _____ **From** ____/____ **to** ____/____
 Institution Location mo yr mo yr

2. INSTRUCTIONS:

- A) Once you have returned from your study abroad semester, you will need to verify with the Registrar's Office (JWW, Room 319) that your program provider/host institution has sent them a copy of your transcript.
- B) You will need to obtain a copy of your study abroad transcript from the Registrar's Office (JWW, Room 319) to attach to this form.
- C) Complete Sections 1 & 3 of this form.
- D) *If you want to get concentration credit for a course or courses*, you will need to complete Section 4 and take this form with a copy of your study abroad transcript to both the department study abroad faculty advisor and your concentration advisor for signatures. You may also be asked to show a course syllabus or examples of the work you completed for a course.
- E) After you have completed Sections 1 – 4, please drop this form off with the OIP (JWW Hall, Suite 420) who will complete sections 3 & 5. The OIP will then forward this form to the Registrar's Office. The Registrar will post your courses and credits to your Brown transcript.

4. Approval of Courses Taken for Concentration Credit: List only the course (s) that you wish to get concentration credit for. You will need to get *both departmental and concentration advisor approval* for each course. Each department has a designated faculty member to sign off on study abroad courses. For the most up-to-date-list please go to: http://www.brown.edu/OIP/pdf_docs/facultyadvisors.pdf

Student Completes Course Number and Title at Host Institution	Brown Faculty Complete		Concentration Approval <i>(Concentration Advisor)</i>
	Department Approval (Study Abroad Faculty Advisor)	Equivalent Brown Course	
	Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____		Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____
	Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____		Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____
	Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____		Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____
	Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____		Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____

5. Mandatory Certification of Full Course Load:

This constitutes a full course load and is the equivalent of 3 / 4 Brown credits

OIP Director/Assistant Director Signature: _____