

APPROVAL FOR HOLLINS-AFFILIATED ABROAD COURSE

Section A: to be completed by the Student

Please also attach a course description and/or syllabus and return this form to the Registrar's Office.

1. Name of institution or program: _____

2. Course subject/number: _____ Host program credits/units: _____

3. Course title: _____

4. Check all that apply:

Count for free-elective credit

Count for major credit Major _____

Count for minor credit Minor _____

Count for ESP perspective Perspective _____

Section B: to be completed by the Registrar

1. ____ Course not approved for transfer.

2. ____ Course approved as ____-level free-elective transfer credit.

Registrar signature: _____ Date: _____

To be completed by Department Chair: (if necessary)

3. ____ Course approved to count as a _____ major / minor requirement:

• Course level? 100 200 300

• Course equivalent? _____

Department Chair signature: _____ Date: _____