

Student Name	ASU Student ID #
Global Education Program Name	Term and Year of Program

INSTRUCTIONS FOR STUDENTS

In order to complete this requirement, you must schedule an appointment with your regular academic advisor within your major discipline, or the advisor specified on Page 2. **Be sure to follow the normal procedures for scheduling appointments with advisors in your unit. PLEASE NOTE:** Students in special programs (e.g. Barrett), or with more than one major or minor should secure additional signatures.

STUDENT CHECKLIST *(carefully review and initial each line before signing below)*

- _____ I understand that I am expected to review the list of courses for my program on the Global Education Office (GEO) website prior to meeting with my academic advisor. To view a list of possible course offerings for my program, I can follow the links in the *Course Info* section of my program's web brochure. To view a list of pre-established ASU course equivalencies for my program, I can click the *View Pre-Approved Courses* button in that section.
- _____ I acknowledge that recommendations provided by my academic advisor on page 2 of this form are intended to help guide my program course selection and **are not a guarantee that I will be able to enroll in specific recommended courses.** I must follow all program enrollment procedures and understand that I should share my final schedule through the My Study Abroad Classes GEO online form and with my Academic Advisor.
- _____ I am aware that I must work with GEO to establish ASU course equivalencies for all courses I complete abroad that are not currently published as In Process or Active on the GEO website. I must initiate the established Course Equivalency Request process no later than three weeks after my program begins.
- _____ If my Course Equivalency Requests have not been submitted or approved by the time I need to register for the courses on program, I understand that my academic adviser may not be able to correctly advise me on course registration for my program and upon my return to ASU.
- _____ I understand that I am expected to review and abide by GEO academic policies, including course pass/fail and audit restrictions, in the Partnership and Exchange Program Handbook and Pre-Departure Orientation.
- _____ I understand that I am required to complete all program courses for a grade, and that **all of my grades will be converted to ASU letter grades which will ultimately be reflected on my ASU transcript and will be factored into my cumulative GPA,** regardless of my performance in a particular course or applicability to ASU degree requirements of my classes.
- _____ Even though I am registered in SAO 196/596 for the duration of my program, I acknowledge that this lower division/graduate designation may not reflect the actual level of every class I complete abroad.
- _____ I understand that if I take an ASU iCourse or ASU Online course while on my program, the credit earned for this course does not count towards the full-time load requirement for my program.
- _____ If I spend my final term overseas, I acknowledge that the posting of my degree may be delayed, depending on when I initiate the Course Equivalency Request process and when GEO receives my official study abroad program transcript

STUDENT SIGNATURE

By signing this document, I hereby certify that I have met with my Academic Advisor(s) and I agree to and fully understand the conditions and obligations specified above.

Student Signature: _____

Date: _____

Parent/Guardian Signature*: _____

Date: _____

**If Student is younger than 18, Parent or Legal Guardian must sign*

RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS

INSTRUCTIONS FOR ADVISORS

PLEASE NOTE: As an academic advisor, you are providing useful information about how courses may fulfill student's degree requirements. You are not responsible for establishing course equivalencies or suggesting what ASU course equivalency may be established for a particular study abroad course.

ASU Scholarship Recipient? No Yes Remember to review the [Scholarship Renewal Guide](#) if applicable to meet all requirements while abroad.

The student may want to try to enroll in the following degree requirements while abroad:

(e.g. upper division electives, general studies, major, minor or certificate courses)

The student cannot receive credit for the following ASU courses, even if the student takes a similar course abroad:

After the student has completed all required courses (college, major, certificate, minor, general studies, etc.), are there any free electives hours left to fulfill?

Yes. _____ credits are needed. Of those, _____ need to be upper division.

No

Will the student's expected graduation date be postponed if they are unable to take courses abroad that count toward specific degree requirements?

No

No, but...

Student may need to overload in remaining term(s)

Student may need to take summer courses

Other: _____

Yes

What ASU course(s) would the student need to take in the expected study abroad semester to maintain their expected graduation date?

Course (i.e. BIO 360, COM 400 level elective, etc.)	Offered as iCourse? (if ASU online student – skip this section)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Reminder: Most programs require students to take 12 credits in-person, abroad. iCourses would be in addition to this requirement.**

REQUIRED SIGNATURES

• **Global Studies Majors:** Major advisor **and** Dr. Henry Sivak, (480) 965-1336, henry.sivak@asu.edu

• **All Other Majors:** Student's major department advisor

ADVISOR SIGNATURES

I verify that I met with the student noted on Page 1 and have reviewed the above points with the student.

Advisor Name (please print): _____

College/Department: _____

Advisor Signature: _____

Date: _____

Additional Advisor Name**: _____

College/Department**: _____

Additional Signature**: _____

Date**: _____

**For special programs (e.g. Barrett), double majors, or minors (as applicable)

RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS