

Hampton University International Office
Study Abroad Pre-Approval Course Selection and Transfer of Credit Form

Student's Name: _____ **HUID:** _____ **Classification While Abroad:** _____ **Major:** _____

Permanent Address: _____ **Phone:** _____ **Email:** _____

I wish to apply for permission to take the following courses with: ** _____

(Organization/Host University)

Check one: Academic Year Fall Spring Summer **Year Abroad:** _____

(City and Country of Study Abroad Experience)

**The Accreditation information and course description/syllabi of the organization/host university or program must accompany this form.

It is the student's responsibility to request that an official transcript be mailed to Hampton University International Office P.O. Box 6232, Hampton, VA 23668.

Note: Only grades of C or better are accepted for transfer credit. Quality points are not transferred.

_____ **Date** _____

Student's Signature

_____ **Date** _____

Academic Advisor's Signature

Catalog Page No.	Title and Course Number at Foreign Institution	Number of Credit Hours	Catalog Page No.	Title and Course Number at Hampton University	Number of Credit Hours	General Education Course Yes/No	Elective Course Yes/No	Required Signature of Department Chair of Course

Alternate Course Options (in the event of course cancellation):

Final approval of this program of study is contingent upon successful completion of the current academic year at Hampton University

- | | |
|---|---|
| <p>1. () Approved
 () Not Approved _____ Date _____
 Dept. Chairperson of Major</p> | <p>3. () Approved
 () Not Approved _____ Date _____
 Intl. Office Outbound Specialist</p> |
| <p>2. () Approved
 () Not Approved _____ Date _____
 School Dean of Major</p> | <p>4. () Approved
 () Not Approved _____ Date _____
 Intl. Office Coordinator</p> |
| | <p>5. () Approved
 () Not Approved _____ Date _____
 Chancellor and Provost</p> |

**Hampton University International Office
Expense Form for Financial Aid**

EXPECTED STUDY ABROAD EXPENSES

<i>Category</i>	<i>Amount (USD)</i>
Program Application Fee and Deposit.....	_____
Program Cost.....	_____
Airfare Cost.....	_____
Room and Board (if separate from Program Cost)	_____
Passport Cost (including photo and administrative fees).....	_____
Visa Cost, if applicable.....	_____
International Health Insurance	_____
Meals, if applicable.....	_____
On-Site Transportation.....	_____
Immunizations.....	_____
Textbooks and Course Materials.....	_____
Essential Daily Living Expenses.....	_____
Telephone/International Cell Phone.....	_____
Entertainment.....	_____
Other Expenses.....	_____
Total Expenses.....	_____

Please attach documentation of expected program expenses

Cashier's Paid Stamp or Signature _____ CSRT Paid Yes No CSRT Waived Yes No Approved CRT Total Hours _____

Are you going abroad with one of Hampton's affiliated providers (AIFS, CAPA, CIEE, or IES)? Yes No

*If yes, which one? _____

Do you intend to use loans/external scholarships/Federal Aid to fund your study abroad experience? Yes No

For Financial Aid Use Only:

Please indicate whether the student has any federal eligibility remaining for the desired term abroad: Yes No **Estimated Amount: \$** _____
(Estimated amount is based on all approved financial aid, including the Parent PLUS Loan, when applicable.)

Please indicate grant(s) and/or other scholarship(s) that will be used to study abroad and the amount(s): _____ \$ _____

___ **Approved to use remaining eligibility/non-institutional funds**

___ **Not Approved to use remaining eligibility/non-institutional funds** _____ **Date** _____

Authorized Financial Aid Official