Request to Take Classes Elsewhere - Study Abroad



- Each course will be reviewed for transferability to JWU.
- The following criteria must be met (any exceptions to criteria below will be determined by the Director of Academic Counseling or campus designee):
 - overall GPA above 2.00.

Applicable to degree?

Is request part of consortium agreement?

□SPACMNT □EMAIL STUDENT □ EMAIL GRAD ACCOUNT

- limited to completing 18.0 quarter-credits during your enrollment at JWU.
- course credits from other institution must equate to JWU requested course credit.
- Previously approved TR credit will not be removed in order to make room for study abroad credit.
- For each approved course, you must receive a minimum grade of "C" (2.0 equivalent) in order for JWU to award transfer credit; additionally, the approved course(s) must be completed within one year of permission being granted. Transfer credits are not calculated into the cumulative grade point average.
- Students are responsible for tuition and fees at JWU.
 - There are financial aid implications if you participate in this program without JWU approval.
- Accelerating the completion of program requirements may negatively impact future enrollment (i.e. part-time enrollment during a future term); you are strongly advised to review course projections and to plan accordingly.

		Plea	ase print clearly	and legibly		
			Your requ	uest:		
Name:				Campus:	J#	
Major:						
Reason for request: Study Abroad planning			Term:	Pr	ogram Dates:	
Name & add	ress of school	: Semester at Sea				
			m the Institute	for Shipboard Edu	acation through Colorado	State Universit
	Requested	course (# and title)		Equivalency	JWU Requirement Satisfied	
Choice 1:						yesno
Choice 2:						yesno
Choice 3:						yesno
Choice 4:						yesno
Choice 5:						yesno
Choice 6:						yesno
Choice 7:						yesno
choice.Attach pAttach aMake an	rintout of webp print out of you appointment w	nage or email confirming or degree audit. Tith an academic counse	g the name of the lor/advisor	he institution issui	ing the URL/Link) for each ing the transcript (Internate in place, to Study Abroad	ional Only)
Your Signat	ure:				Date:	
Phone Num	ber:				Term:	
Adminis Advisor/counsel Advisor/counsel Approval results	trative U or signature: or name: s in graduation: ranscript initiates a	yes a SAP review: yes / no		Date Approved:	(when class are being taken): _	
Applicable to degree?		•	/ 110 / no	Exclusion of prior F/WF in course needed? yes / no		

yes / no

yes / no

Reviewed for residency

yes / no