



INTERNATIONAL PROGRAMS COURSE/TRANSCRIPT EQUIVALENCY APPROVAL FORM

Student Name: _____ ID #: _____ International University: _____

Program Dates: _____ UWP Major: _____ UWP Minor: _____ Area of Study: _____

Project: Additional Information attached.

<input type="checkbox"/> Course number and title to appear on transcript	UWP Course	UWP Credits	UWP Grade	Gen Ed Req.* (Y/N)	Signature of Department Chair OR Associate Vice Chancellor**	Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

***All general education courses require approval by the Associate Vice Chancellor.**

****Academic/major discipline courses require approval by the appropriate Department Chair.**

*****All Education Majors REQUIRE the signature of the School of Education Director:** _____ (date)

Is this intended to fulfill UWP International Education requirement? NO YES _____ (Associate Vice Chancellor) (date)

Approved by: _____ **Date:** _____
Coordinator, International Exchange Program College of _____

FOR OFFICE USE ONLY: Supporting documentation attached. <input type="checkbox"/> Transcript from International University <input type="checkbox"/> Other _____	Copies sent to: <input type="checkbox"/> School of Education <input type="checkbox"/> CIEP Folder <input type="checkbox"/> Other: _____	<input type="checkbox"/> Student <input type="checkbox"/> Advisor <input type="checkbox"/> Director, Study Abroad if Appropriate <input type="checkbox"/> Original sent to Registrar's Office on _____
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