JACKSONVILLE STATE UNIVERSITY International Programs & House

This form provides students with prior a Advisor signatures indicate that the cou				ing study abroad trip. Dea	an/Department Head and	
Student Name:			JSU I			
Partner Institution:			Term/\			
PRE-APPROVED COURSES						
Course Title in JSU	Course Prefix	Hrs	Course Title in	Host Institution	Course Prefix	Hrs
I hereby approve this student to take courses listed in table above which will be counted towards his/her bachelor degree in						
Advisor's Name:		_Signature:		Date:		
Registrar's Name:		_Signature:		Date:		
Department Head/Dean's Name:		_Signature	:	Date:		
Student's Name:		_ Signature	o:	Date:		