Pre-Approval Form for Courses Abroad

This form is to be completed by any UT Tyler student planning to enroll in non-UT Tyler courses abroad.

Printed Name: ____________________________  ID Number: ____________________________

Date: _________________  Major: ____________________________  Phone Number: ____________________________

Address: __________________________________________

Term Coursework is to be Completed:  ☐ Fall  ☐ Spring  ☐ Summer  Year: ____________________________

Name of Credit-Granting Institution: ______________________________________________________________

Country of Institution: ____________________________  Begin/End Dates of Courses: _____/_______

Country Traveling To: ______________________________________________________________

Important Information for Students:

➢ Students must provide official course descriptions for each course to their academic advisor and department chair.
➢ Students must provide detailed syllabi, book information, or any other course-related data/items upon request.
➢ Only course grades of A, B, C or CR will be accepted for transfer to UT Tyler.
➢ Students are responsible for submission of official transcripts reflecting completion of all courses.
➢ Students are responsible for submission of international credit evaluations, from a University-approved agency, for any courses taken through foreign institutions.
➢ Students studying abroad during their term of graduation must submit all transcripts no later than thirty days after the final day of the term as listed on UT Tyler’s Academic Calendar. Failure to do so will result in denial of graduation.

Mailing Address for All Transcripts and International Credit Evaluations:
The University of Texas at Tyler • Office of Admissions • 3900 University Boulevard • Tyler, TX 75799

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<tr>
<th>COURSES ABROAD</th>
<th>UT TYLER EQUIVALENT</th>
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<tbody>
<tr>
<td>COURSE PREFIX</td>
<td>COURSE NUMBER</td>
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Required Signatures:

Student: ____________________________________________  Date: ____________________________

I certify, by my signature above, that I have read and understand all items listed under ‘Important Information for Students’.

Academic Advisor: ____________________________  Date: ____________________________

Department Chair: ____________________________  Date: ____________________________

International Programs: ____________________________  (Director or Assistant Director)  Date: ____________________________

Office of the Registrar: ____________________________  (Registrar, Associate Registrar, or Assistant Registrar)  Date: ____________________________

Return this form to the Enrollment Services Center (ADM 230) for final signature.  Rev. 7.25.13