

Student: Please complete the following information.

 Undergraduate Graduate

Name _____ APU ID# _____ - _____ - _____ (or Social Security no.)

APU Living Area/Room _____ APU contact phone (_____) _____ APU box # _____

Permanent address _____ City _____ State _____ Zip _____

APU Email _____ (Mandatory to receive Pre-registration info) Major/Minor _____

Year in school _____ Study Abroad Term _____ Country _____ Program dates _____

PROGRAM NAME:					Office Use Only	
Study Abroad Course ID	Units	Course Title	APU Equivalent	Applies Towards (major, minor, general studies, elective)	TIF Approved	Pre-Approved
Total Units						

Academic Advising Approval

I have discussed courses this student will take abroad and courses when they return to APU.

 Academic Advisor Signature Date

Registrar Approval

 Signature of Registrar Representative Date

Please read the following:

- If you have questions about possible financial aid please contact the study abroad financial aid counselor in Student Financial Services. If you are a Faculty Staff Benefit recipient please check here. Name of Faculty/Staff Member _____
- By signing this form, you understand that your campus housing assignment or contract will be terminated for any upcoming semesters. It is your responsibility to checkout of housing properly by the posted checkout deadline and/or notify Housing Services if you decide not to study abroad.

STUDENT SIGNATURE: _____ **Date:** _____

Please send completed form to:

 Center for Global Learning & Engagement • Azusa Pacific University
 701 East Foothill Blvd. • Azusa, CA 91702-7000 • (626) 815-2110 • FAX (626) 815-2111

 Approval of Study Abroad Representative Date

OFFICE USE ONLY

Add Classes (Office Use Only)					Office Use Only	
Study Abroad Course ID	Units	Course Title	APU Equivalent	Applies Towards (major, minor, general studies, elective)	TIF Approved	Pre-Approved

Drop Classes (Office Use Only)			
Study Abroad Course ID	Course Title	Units	APU Call #

Office Use Only

Student is registered in _____ units for the _____ semester/term Date _____ Initials _____