

**This form must be completed, signed, and returned to the Office of International Education as part of the Study Abroad Application.**

---

Student's Name \_\_\_\_\_ Student I.D. \_\_\_\_\_  
 College \_\_\_\_\_ Major \_\_\_\_\_  
 Name of Academic Advisor \_\_\_\_\_  
 Semester(s) of Exchange \_\_\_\_\_  
 Class Standing While on Exchange \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Other \_\_\_\_\_  
 Host Institution/Program and Country \_\_\_\_\_

---

**To the Academic Advisor**

Please review the following courses with your advisee. All requested courses will be sent through the Transfer Office for equivalencies. Work taken on exchange will be recorded on the home transcript in the following manner:

**Transcript and advising sheet will be given to the Registrar's Office to be recorded as transfer credit upon student return and acceptance of transcript.**

**Please contact the Office of International Education with questions: 231.591.2450 IRC 134**

\* Courses transferring from a semester calendar to a quarter calendar will generally earn one third more value than quarter credit hours. Fractions of hours may be rounded up or rounded down as deemed appropriate.

---

**To the Student**

You should select at least twice as many courses as you plan to take on exchange and list courses for the entire period of your exchange not just for your first term. For each course selected, attach a copy of the course description. If the course will replace a major course, indicate the course that will be replaced. Secure the signatures of your advisor and other individuals as directed. Sign the form and return it to the Office of International Education with the Study Abroad Application.

**NOTE:** Access to courses at your host campus is based on offerings and availability and cannot be guaranteed. You must meet all pre-requisites or co-requisites as required by the host campus.

\*\*A new equivalency sheet must be completed if you register for courses that are not evaluated before departure.

\*\*A new form is required for EACH semester on exchange.

---

**Required Signatures**

**Academic Advisor:** \_\_\_\_\_ date \_\_\_\_\_  
*Signature*

**Student:** \_\_\_\_\_ date \_\_\_\_\_  
*Signature*

A final copy of this signed agreement will be sent to the Financial Aid Office. A copy will be kept in the Office of International Education and in the student's permanent file in the Record's Office.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date to Transfer Office: \_\_\_\_\_

Semester: \_\_\_\_\_ Location: \_\_\_\_\_ Program: \_\_\_\_\_

Host Course and Title	Ferris Equiv Course #	FSU Equivalent Course Title	FSU Credit Hours

If additional space is required, make of a copy of this side prior to completion.