

VISITING/EXCHANGE PROGRAM COURSE APPROVAL FORM

First Name _____ Middle Name _____ Family Name _____	Home Institution _____ Address _____
How many classes will you be taking while enrolled at AUD? Fall _____ Spring _____ Summer I _____ Summer II _____	SEMESTER ATTENDING AT AUD _____ Are you planning on staying more than one semester? <input type="checkbox"/> Yes <input type="checkbox"/> No

The following courses have been approved for transfer credit to my home institution (list the courses by order of preference)

HOME INSTITUTION			AUD EQUIVALENT		
Course Code	Course Title	Credit Hours	Course Code	Course Title	Credit Hours

This student has completed equivalent AUD pre-requisite(s) for the courses listed above and will receive transferable credits upon evaluation of the student's AUD transcript

SIGNATURE OF DEAN/DEPARTMENT HEAD

DATE

IMPORTANT NOTE

This form is official if signed and has the original stamp of the respective department at the home institution. We also accept the form by e-mail if sent directly from the home institution.

STAMP