

ACADEMIC PLANNING FORM

This form is to be used as a planning document between the student and advisor on how courses taken abroad will be applied towards the degree.

Name: _____ Overseas Study Center & Country: _____ Year Abroad: 20____ - 20____
First Name Last Name Study Center/Host Institution Name Country Ex: 2020 - 2021 (academic year) or 2021 (calendar year)

CSU Campus: _____ Email: _____ Student ID Number _____

Major(s): _____ Minor(s): _____

<p>To Student: Complete the top part of this form. Then proceed with the steps below.</p> <ol style="list-style-type: none"> Using the Academic Bulletin and Study Center information (e.g. website), complete columns A to D for courses you plan to take during your entire year abroad. Use as many copies of this form as needed. It's best to have many options of pre-approved courses to choose from when abroad. Contact your advisor at your campus and provide Study Center course information (descriptions). After your advisor has reviewed and signed your form, provide a copy to your academic advisor(s), and upload a copy of the to your CSU IP portal under "Documents". <p>This form doesn't replace campus-based petition or course substitution forms that may be required by your campus.</p>	<p>To CSU Campus Faculty/Academic Advisor:</p> <ol style="list-style-type: none"> With the course information that the student provides, complete columns E to H to approve that Study Center courses listed will be accepted a) in substitution for a CSU campus course, and/or b) to meet a degree requirement. Enter any additional comments at the bottom of the table. Click on the arrow in column G to insert your digital signature and type your name where indicated. <p>At the end of the student's year abroad, the CSU IP Office reports all courses attempted to your campus registration/records office which is posted to the student's CSU academic record as resident credit. Please assist the student with completing campus-based petitions (e.g. course substitution forms) if required.</p>
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A	B	C	D	E	F	G	H
Study Center/Host institution Course Enter course code and units, if known.	Units	Substitution for CSU Campus Course (If trying to meet a degree requirement, enter it below)	Units	Course Level:	Where course will be applied:	CSU Campus Faculty/Academic Advisor Approvals	Date
Course Code and Course Title		Course Code and Course Title / Degree Requirement					
						Signature: Print name:	
						Signature: Print name:	
						Signature: Print name:	
						Signature: Print name:	
						Signature: Print name:	
						Signature: Print name:	

Faculty/Academic Advisor Comments: _____

Additional Department Signature (if needed) _____ Date _____

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						Signature:	
						Print name:	
						Signature:	
						Print name:	
						Signature:	
						Print name:	
						Signature:	
						Print name:	
						Signature:	
						Print name:	

Faculty/Academic Advisor Comments: _____

(Form Revision Date: 5/21/20)

Additional Department Signature (if needed) Date