

Study/Intern Abroad Academic Plan

Concordia University, Nebraska

Print neatly in ink!

Date: ____/____/____

Name: _____

J#: _____

Applying for: Fall 20____ Spr 20____ Sum 20____

Advisor Name: _____

Program Location: _____

Program Provider: _____

(List courses in order of preference - List at least two Alternate courses at the bottom of the list)

SA Course # CU Course #	Study/Intern Abroad Course Title Concordia Course Title (if applicable)	Credit hours	Meets this Degree Requirement (note yes or program detail)
1) _____ _____	_____ _____ _____	_____ _____ _____	____ Major ____ Minor ____ ____ Gen Ed ____ ____ Elective ____ ____ Substitution ____
2) _____ _____	_____ _____ _____	_____ _____ _____	____ Major ____ Minor ____ ____ Gen Ed ____ ____ Elective ____ ____ Substitution ____
3) _____ _____	_____ _____ _____	_____ _____ _____	____ Major ____ Minor ____ ____ Gen Ed ____ ____ Elective ____ ____ Substitution ____
4) _____ _____	_____ _____ _____	_____ _____ _____	____ Major ____ Minor ____ ____ Gen Ed ____ ____ Elective ____ ____ Substitution ____
5) _____ _____	_____ _____ _____	_____ _____ _____	____ Major ____ Minor ____ ____ Gen Ed ____ ____ Elective ____ ____ Substitution ____
Alt) _____ _____	_____ _____ _____	_____ _____ _____	____ Major ____ Minor ____ ____ Gen Ed ____ ____ Elective ____ ____ Substitution ____
Alt) _____ _____	_____ _____ _____	_____ _____ _____	____ Major ____ Minor ____ ____ Gen Ed ____ ____ Elective ____ ____ Substitution ____

Total credit hours anticipated: _____

Total credit hours applied to major: _____

Academic Advisor Acknowledgement: (Spanish director signature needed for Spanish programs)

I have met with this student, reviewed their anticipated courses, and determined how these can be credited to their program as documented on this Study Abroad Academic Plan.

Advisor Signature: _____ Date: _____

Student Statement of Understanding: (Please read each statement and initial before signing!)

- ____ I have discussed these plans with my academic advisor and understand my degree requirements.
 ____ I will provide course documentation to the Registrar's office, if requested.
 ____ I will inform my advisor and the Registrar's office if I change courses that would impact this plan.
 ____ I understand this form indicates anticipated academic credit for my intended course of study and campus credit will be given once grades/transcripts are received for the course work I complete.
 ____ I understand the grades I receive will be the grades posted to my campus transcript record.

Student Signature: _____ Date: _____

***Keep this form! Complete Study/Intern Abroad Academic Plan online in Via: via-go-cune.via-trm.com**