



101 Vera King Farris Drive | Galloway NJ 08205-9441 **stockton.edu**

Study Abroad Course Selection Form

Applicant Name:	Year in College:		
Applicant Z Number:	Program Name/Country:		
Applicant Major:	Preceptor:		
SECTION I: Abroad-course registration Semester-bound students must approve a minimum of 8 courses; summer-bound student must approve 4. GIS courses cannot be taken abroad.			
Abroad Course Name	Stockton Equivalent C	Contact Hours	US Credits
1.			
2.			
3			
4			
5			
6.	 -		
7			
8.			
SECTION II: Suggested home registration outline, post education abroad (for semester-bound student only).			
Stockton University Course Name	Course Number		
1.			
2	d	luring the semester	or the suggested courses r abroad, at Stockton
3		Iniversity's design or registration tim	ated time (check goPortal es).
4	S	Students are respon	nsible for own registration.
5			
SECTION III: APPROVALS Applicant is authorized to register for above-listed courses only. Any changes to this pre-approval must be made in writing, and approved by applicants Preceptor or Academic Program Coordinator/Chair.			
Applicant Signature:	Date: _		-
Preceptor Signature:	Date: _		-
Academic Advising Signature:	Date: _		-