Study Abroad
Modern Language Agreement

STUDENT INFORMATION

Last name ____________________________  First name __________________________

UNI ID number ________________________

Telephone number ___________________  E-mail address_______________________

Major ______________________________  Minor _____________________________

STUDY ABROAD PROGRAM INFORMATION

Study Abroad College/University ____________________________________________

City ___________________________  Country ________________________________

Dates of attendance ___________________ to _______________________
                      (month & year)                (month & year)

AGREEMENT

I understand this student will be participating in a Study Abroad experience and my department will
determine UNI course equivalents AFTER he/she has completed the coursework and has provided
an official transcript to the UNI Study Abroad Office.

________________________________________________   __________________
Faculty Signature                                        Date

________________________________________________
Faculty Printed Name

Expected number of credit hours for this program: ____________

Comments:

STUDENT

I understand that UNI equivalents will be determined for my modern language coursework AFTER
I have completed the courses and when my official transcript has been received by the UNI Study
Abroad Office.

________________________________________________   __________________
Student Signature                                         Date

Return completed form to:
Study Abroad Office
28 Gilchrist Hall
273-7078