Request for Credit for Study Abroad

A. Student Data

1. Student Name: ___________________________________  Student ID# _______________________
2. Permanent Address: ________________________________________________________________
3. Telephone (home): ___________________________  Parent/Guardian work __________________
4. Current Grade: ___________  5. Anticipated Year of Graduation ___________
6. Name and Address of Institution Abroad: ______________________________________________

________________________________________________________________________________

7. Dates of Attendance: ______________________________________________________________
8. Sponsoring Agency: ________________________________________________________________

B. Course Data

1. Type of Course(s) for which Credit is being Requested:

   ______________________ Required  ______________________ Elective

2. Title of Course to be Studied  Guilford County Course Equivalent  Test Required

   A. ______________________  ______________________  ______________________
   B. ______________________  ______________________  ______________________
   C. ______________________  ______________________  ______________________

3. Total Amount of Credit Requested: ________________________________________________

4. Attach a copy of the syllabus of the Course(s) to be taken abroad. The number of class hours must be shown.

C. Signatures

1. Submitted by Participating Student ___________________________  Date: __________________
2. Approved by Parent/Guardian ___________________________  Date: __________________
3. Approval by Counselor ___________________________  Date: __________________
4. Approval by Principal ___________________________  Date: __________________
5. Request Denied: ___________________________  Date: __________________

   _____Content Not Equivalent  _____________Hours Insufficient

COPY TO: STUDENT FILE, COUNSELOR, STUDENT