



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

