Academic Planning Form Instructions

You must fill out the Academic Planning Form (APF) prior to departure in order to determine how your study abroad coursework will transfer to your ISU degree requirements. **ALL STUDENTS ARE REQUIRED TO MEET WITH BOTH THEIR ACADEMIC ADVISORS AND THE STUDY ABROAD ADVISOR.**

**Step 1:**
- Research course offerings at your host institution (e.g. study abroad course articulation websites, host institution’s website, and/or affiliate provider’s website) to find out what classes are available based on degree requirements you need to fulfill.
- If you have any questions about course offerings at your host institution, consult with your study abroad Program advisor or faculty director.

**Step 2:**
- List your desired courses and alternate choices on the APF.

**Step 3:**
- Schedule an appointment with your academic advisor/s to discuss your course selection and degree.
- Schedule appointments in advance as advisors’ schedules sometimes fill several weeks in advance.
- When planning courses with your advisor, you should also select courses for the semester after your return.
- In addition, consult the advisors list below if you have specific needs:

<table>
<thead>
<tr>
<th>If you want to fulfill:</th>
<th>Meet with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major requirements</td>
<td>Major department advisor</td>
</tr>
<tr>
<td>Minor requirements</td>
<td>Minor department advisor</td>
</tr>
<tr>
<td>Foundation Studies</td>
<td>University College advisor</td>
</tr>
<tr>
<td>Foreign Language</td>
<td>Language department advisor</td>
</tr>
</tbody>
</table>

**Step 4:**
- Email the course description/syllabi to your academic advisor prior to your meeting.
- Advisors will write their comments next to each course you have listed on the form and then sign it.

**Step 5:**
- After you have met with your advisor, sign the APF, indicating you understand how the study abroad courses can be applied to your degree.

**Step 6:**
- Turn in the completed APF to the Registrar’s office. Make sure you have a copy for yourself, your advisor/s and for Financial Aid if applicable.
Academic Planning Form

This form helps determine the connection between degree requirements and study abroad coursework. All Indiana State University students wanting to fulfill degree requirements for study abroad must submit this form to the Registrar’s Office one month prior to departure. Attach a separate sheet if needed.

Name: ________________________________ University ID#: 991-________________________

Email: __________________________________ Phone: (_____) ___________ Term(s) & Year(s): __________

Program & Country: ____________________ Major(s): ____________________ Minor(s): ______________

I understand how my study abroad courses can be applied to my degree. Application of study abroad coursework to degree requirements may be contingent upon final approval of department or college advisor after completion of the study abroad program.

Signature: _____________________________ Date: ______________

Use the space below to indicate the courses you plan to take abroad

<table>
<thead>
<tr>
<th>Host Institution Course #/Title</th>
<th>Credits</th>
<th>Requirements Fulfilled (major/minor/foundation)</th>
<th>Comments</th>
<th>Advisor’s Initials</th>
<th>Evaluations Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADVISORS’ SIGNATURES & COMMENTS

I have met with this student and discussed Study Abroad plans in relation to his/her academic plans.

Primary Advisor (i.e. Major, University College, Honors Advisor)

Print Name: __________________________ Signature: __________________________ Date: ______________

Comments: ________________________________________________________________

Secondary Advisor if applicable (i.e. Minor)

Print Name: __________________________ Signature: __________________________ Date: ______________

Comments: ________________________________________________________________

You will need to have three completed copies of this form: 1 for your advisor/s; 1 for the Registrar’s office (Jennifer Lawson); and one to keep for yourself (take with you) *If applying for Financial Aid, you must leave a copy of this form with Donna Simmonds.

CAF