

Departmental Approval Form

Wayne State University
International Exchange Program

COURSE EQUIVALENCY FORM

Student Name: _____ WSU PID: _____

International Exchange Program: _____ Fall _____ Winter _____ S/S _____

To the Academic Advisor: Please indicate with your signature that the above named student has informed your Department of his/her intention to apply for the WSU International Exchange Program above and that he/she has discussed the courses below to make satisfactory progress towards the completion of his/her degree at WSU. See page 2 for registration policies the student has agreed to as part of the application process.

Please equate each of the classes listed below to the equivalent WSU class with the number of WSU credits - based on the course descriptions from our partner university overseas.

Please contact Lisa Kyle at bd3364@wayne.edu or 313-577-3207 with any questions or concerns. Thank you!

Name: _____

Signature: _____

Position: _____

Department: _____ Date: _____

Courses Semester 1	WSU Course	Number of Credits
1.		
2.		
3.		
4.		
5.		
6.		

Courses Semester 2	WSU Course	Number of Credits
1.		
2.		
3.		
4.		
5.		
6.		

Comments:

The Student has Agreed to the Registration Policies Below

I understand that I am responsible for coordinating WSU course equivalents with Study Abroad & Global Programs and my academic advisor as part of the exchange application process.

I understand that Study Abroad & Global Programs will provide me with the Course Registration Numbers for the courses that I have been approved to take and that it is my responsibility to register for the courses in the Wayne State University Academics System.

I understand that I am to only register in the exact courses for which Study Abroad & Global Programs has provided Course Registration Numbers and that I am not to register in other sections of the same course.

I understand that if I need to make any changes to my courses at the partner university after obtaining approval through the Study Abroad Office at Wayne State University, I must obtain approval for the change through the Study Abroad Office at Wayne State University.

I understand that Wayne State University's Registration Calendar will be followed when determining the impact of registering, dropping and withdrawing from classes.

I understand that in addition to registering, dropping or adding approved courses in Wayne State University Academics System, I am responsible to adhering to the host university's course registration processes and deadlines.

I understand that if I withdraw from one or more class(es) at my host university, it is my responsibility to ensure that the class is withdrawn at WSU and, that tuition and fees will not be cancelled if the WSU tuition cancellation date has passed.

I understand that if I withdraw from one or more classes and fall below full time or half time registration levels needed for Financial Aid or any other type of financial support, I am responsible for any resulting monetary balance due to the loss of funding.

Student Signature & Date: