

COURSE EQUIVALENCY FORM

Exchange and Affiliate



Study Abroad
OFFICE OF INTERNATIONAL PROGRAMS
SAM HOUSTON STATE UNIVERSITY

Step One: Personal Information

Name: _____ Sam ID: _____

Major: _____ Phone: _____

Minor: _____ Email: _____

Classification: Undergraduate ☐ Graduate ☐

Semester(s) and Year of Study Abroad: _____

Step Two: Host University Information

Is this an Exchange or Affiliated Study Abroad Program? EXC ☐ AFL ☐

Name of University Abroad: _____

City and Country: _____

If Affiliated, Name of the Company Providing Services: _____

Step Three: Complete Course Equivalency Form (see attached pages)

I understand that by completing the Course Equivalency Form on the following page(s) that I am agreeing to take the courses that have been approved by SHSU at the Host University. **I further understand that if, upon arrival at the Host University, my course selection changes from the courses selected on the Course Equivalency Form that it is my responsibility to notify the SHSU Study Abroad Coordinator and request an updated Course Equivalency Form. I understand that failure to do this may result in no credits being earned, or other academic penalties.**

I understand that I will be charged a \$200 Study Abroad Service Fee once registered in SABR course.

Student Signature

Date

Return Completed Form to:
Office of International Programs, Farrington 116 / studyabroad@shsu.edu / 936-294-3276

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Step Four: Academic Advising Approval

IMPORTANT: Completed Course Equivalency Form with all Chair signatures **MUST** be attached before approval by Academic Advising, Major Department Chair, and OIP.

By signing below, Academic Advising, and an authorized Academic Advisor certifies that all the courses listed on the attached Course Equivalency Worksheet satisfy the degree requirements for the student. If not all courses satisfy degree requirements, the Advisor should cross out the courses on the form that do not comply. Initial next to courses that fulfill degree requirements. **DO NOT** sign until all presented courses satisfy degree requirements.

Academic Advisor Name

Academic Advisor Signature

Date

Step Five: Major Department Chair Approval

IMPORTANT: Completed Course Equivalency Form with all Chair signatures **MUST** be attached before approval by Major Chair and OIP.

Major Department Chair Name

Major Department Chair Signature

Date

Step Six: OIP, Study Abroad Coordinator Approval

Study Abroad Coordinator Name

Study Abroad Coordinator Signature

Date

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Course Equivalency Worksheet (use additional sheets as necessary)

Course Abroad

Course Title	Course #	Credits

SHSU Course Equivalent

Course Title	Course #	Credits

For Study Abroad Coordinator:

Grade

Department Chair Name

Department Chair Signature

Date

Course Abroad

Course Title	Course #	Credits

SHSU Course Equivalent

Course Title	Course #	Credits

For Study Abroad Coordinator:

Grade

Department Chair Name

Department Chair Signature

Date

Course Abroad

Course Title	Course #	Credits

SHSU Course Equivalent

Course Title	Course #	Credits

For Study Abroad Coordinator:

Grade

Department Chair Name

Department Chair Signature

Date

Course Abroad

Course Title	Course #	Credits

SHSU Course Equivalent

Course Title	Course #	Credits

For Study Abroad Coordinator:

Grade

Department Chair Name

Department Chair Signature

Date

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Sam ID _____

Semester and Year Abroad _____

Course Equivalency Worksheet – Foreign Languages Only

Foreign Language Course Abroad

Course Title	Course #	Credits

For Study Abroad Coordinator Grade:

Course Title	Course #	Credits

For Study Abroad Coordinator Grade:

Course Title	Course #	Credits

For Study Abroad Coordinator Grade:

Course Title	Course #	Credits

For Study Abroad Coordinator Grade:

SHSU Foreign Language Course Equivalent

Course Title	Course #	Credits

Course Title	Course #	Credits

Course Title	Course #	Credits

Course Title	Course #	Credits

1. Approved by Dr. Frieda Koeninger
(WOLC Study Abroad Coordinator)

Signature _____

Date _____

2. Approved by Dr. Leif French
(WOLC Department Chair)

Signature _____

Date _____

Return Completed Form to:
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