

101 Vera King Farris Drive | Galloway NJ 08205
stockton.edu

Education Abroad Course Selection Form

Applicant Name: _____

Year in College: _____

Applicant Z Number: _____

Program Name/Country: _____

Applicant Major: _____

Preceptor: _____

SECTION I: Abroad-course registration Semester-long students must approve a minimum of 6 courses; GIS courses cannot be taken abroad.

	Abroad Course Name	Stockton Equivalent	Contact Hours	US Credits
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

SECTION II: APPROVALS Applicant is authorized to register for above-listed courses only. Any changes to this pre-approval must be made in writing, and approved by applicants Preceptor or Academic Program Coordinator/Chair.

Applicant Signature: _____

Date: _____

Preceptor Signature: _____

Date: _____

Academic Advising Signature: _____

Date: _____

Please upload the completed form to your education abroad application.

Please contact the Office of Global Engagement at oge@stockton.edu or stop by at F-028 for any questions.