



PROGRAM OF STUDIES FORM

Student Name _____

Home Institution _____

Major _____ Semester/Quarter Abroad _____

Proposed Host Institution _____

Students:

- 1) List the courses you wish to take at your proposed HOST institution.
- 2) Indicate the equivalent courses from your HOME institution.
- 3) Note whether the course is required (i.e., due to graduation requirements).
- 4) If available from your HOST institution, please attach a syllabus for each course listed.

| Desired Course Title at Host Institution | Home Institution Course Equivalent | Please indicate with a X if any of these courses are REQUIRED for graduation |
|--|------------------------------------|---|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |
| 9) | | |
| 10) | | |

Home Institution Advisor Signature: _____ Date: _____