STUDY ABROAD APPLICATION (Due 10 Weeks Prior to Departure)

Name:	ID#:
Home Phone: Cell Phone: _	
Email Address:	
Berkeley Campus you attend:	Major:
Date of Graduation:	
Are you a Financial Aid recipient?	
STUDY ABROAD PROGRAM	
Name of Study Abroad Program:	
Date for Study Abroad	
Name of College:	
Address (including City and Country):	

Courses taking with Study Abroad	# of Credits	Berkeley College Equivalent *

* If approved by the Registrar, only credits are transferred. Grades are not transferred and therefore, your cumulative grade point will not impacted by study abroad.

Date	
Number of Qtrs enrolled	
Student's Major	
Date	
REGISTRAR – APPROVAL OF CREDIT TRANSFER	

Signature of Registrar:_____ Date _____

* If approved by the Registrar, only credits are transferred. Grades are not transferred and therefore, your cumulative grade point will not impacted by study abroad.