DRAKE UNIVERSITY
SEMESTER ABROAD
COURSE INFORMATION FORM

Name_____ DU ID# _____

A&S/FA CP&PA ED J&MC P&HS • Advisor's Name_____
(Please circle appropriate college) (Please Print)

Program/Host Institution_____

Located in_____, _____ Email_____
City Country

To study during: Fall Spring Summer Academic Year 20____
(Circle one) (Year)

Advisor: The above student is planning to study abroad and has selected the courses listed below. Please review the student's selections and indicate how the courses will meet the student's Drake requirements. Also, indicate any courses that the student plans to take on a credit/no credit basis.

In some cases, the overseas course selections may change. It is the student's responsibility to notify you of any changes in courses taken for permission to take a course on a credit/no credit basis and to remain in full-time status while abroad. Please go over these procedures with your student.

Student: After completing this form and obtaining signatures from your Advisor and the Assistant/Associate Dean, please send a copy to the Study Abroad Office. Your college is to keep a copy for your file and send the original to the appropriate person. If you would like a copy for your records, please request it.

Course Number and Title	How fulfill Drake Requirements	Expected Credits

Advisor's signature _____ Date_____

Asst/Assoc Dean signature_____ Date_____

THIS FORM MUST BE RETURNED TO THE STUDY ABROAD OFFICE WITH APPROPRIATE SIGNATURES

DRAKE UNIVERISTY
RETURN SEMESTER
COURSE REGISTRATION FORM

Name_____ DU ID# _____

A&S/FA CP&PA ED J&MC P&HS • Advisor's Name_____
(Please circle appropriate college) (Please Print)

To study during: Fall Spring Summer Academic Year 20___

Student: List as least 10-12 courses you would like to take during the semester in which you return to Drake. List them in order of preference from highest to lowest. These do not have to be specific classes, but the type and level you need. Give the highest priority to the courses that you **must have** to complete a general requirement or a major sequence and designate them as "must have." Electives should be so noted. Indicate the total number of hours for which you wish to register. Discuss your proposed schedule with your academic advisor and obtain that person's and the Assistant/Associate Dean's signature on this form.

After completing this form and obtaining the necessary signatures, please bring the original to the Study Abroad Office. After making a copy of this form for your study abroad file, the office will send the original to the appropriate designated person below. If you would like a copy for your records, please request it.

THE DESIGNEES FOR ENTERING EARLY REGISTRATION ARE:
Arts & Sciences: Dana Hobbs (dana.hobbs@drake.edu) – FAC 268A
Business: Karen Pomeroy (karen.pomeroy@drake.edu) Aliber 208
Education: Aggie Jones (aggie.jones@drake.edu) Education Building 106A
Journalism: Carla McCrae (Carla.mccrea@drake.edu) Mer 119
Pharmacy: Renae Chesnut (renae.chesnut@drake.edu) Cline 109
Student Records Office: Margie Davidson

These are the courses I wish to take upon my return to Drake:
(use a separate sheet of paper if additional room is needed)

Course Title	Course #	CRN	Must Have?

I understand the college designee will resister me for the classes listed above during the appropriate registration period. I will notify the designee of desired schedule changes prior to registration.

Total Credit Hours Desired_____ Student Signature_____

Advisor's signature _____ Date_____

Asst/Assoc Dean signature_____ Date_____

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