



UNIVERSITY OF ST. THOMAS

STUDY ABROAD COURSE EQUIVALENCY FORM

Name: _____ UST ID # _____ E-MAIL _____

Address: _____ Phone: (____) _____

Program Name: _____ Term _____

Program Address: _____ Program Type _____

Major: _____

Certificate of Credit

To be completed by cooperating UST Department Chairs indicating Study Abroad course, UST course, and credit equivalent:

Study Abroad Course Title & Number	Equivalent UST Course #	Credits	Professor's Signature	Date

Director, Study Abroad Programs
Indicating Program Approval

Major-Department Chair
Please initial each course that will transfer as degree credit

Dean of Financial Aid
Indicating Acknowledgement of SA Enrollment

Treasurer, Business Office
Indicating Acknowledgement of SA Enrollment

Registrar
Indicating Participation and Transfer of Credit