NAME: ______________________________________

STUDENT ID#:_________________ PHONE: ____________________________

EMAIL: ____________________________________________________________

CLASS OF: ___________________ YEAR OF ENTRY TO NORTHWESTERN: __________

STUDY ABROAD INSTITUTION: ____________________________________________

COURSE NUMBER AND TITLE AS APPEARS ON TRANSCRIPT: ______________________

QUARTER OR SEMESTER TAKEN: ______________________________

CREDITS GRANTED BY SA PROGRAM ____________ (circle one: semester hours quarter hours)

COURSE TO BE USED AS: ______ SoC distribution course ______ Additional SoC course for major**

**Cannot be used towards courses required in your department

APPROVAL FOR A COURSE OUTSIDE THE STUDENT’S MAJOR/MINOR DEPARTMENT:

I have examined the course description of the above institution, and from my knowledge of the institution and the department in question, I believe the course is equivalent to a similar course that is or might be offered at Northwestern. I approve the granting of credit for the above course as:

EQUIVALENT COURSE AT NORTHWESTERN: Dept/Prog. __________ Course number ____________

If no equivalent course number exists, please indicate level of course (100, 200, or 300) ____________

SIGNATURES:

_________________________________________________ __________
SIGNATURE OF THE REPRESENTATIVE OF THE COMPARABLE NORTHWESTERN DEPT/PROGRAM DATE

_______________________________________ __________
ACADEMIC ADVISOR DATE