



SCHOOL OF COMMUNICATION – NORTHWESTERN UNIVERSITY

## STUDY ABROAD CREDIT ARTICULATION FORM

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NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAJOR: \_\_\_\_\_ CLASS OF: \_\_\_\_\_

STUDY ABROAD INSTITUTION: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_

TITLE AS IT APPEARS ON TRANSCRIPT: \_\_\_\_\_

QUARTER OR SEMESTER TAKEN: \_\_\_\_\_

CREDITS GRANTED BY STUDY ABROAD PROGRAM: \_\_\_\_\_  
(check 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) \_\_\_\_\_

\_\_\_\_\_  
Signature of the representative of the comparable Northwestern dept/program **DATE:** \_\_\_\_\_

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DEAN'S OFFICE USE ONLY:

**SoC UNDERGRADUATE DEAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RETURN THIS FORM TO THE UNDERGRADUATE RESOURCE CENTER  
FRANCES SEARLE, ROOM 1-102**