# STUDY ABROAD APPLICATION

Wisconsin Lutheran College

Student's Name _____ Date _____

Major(s) _____ Minor(s) _____ Advisor Name_____

Foreign Program Institution _____ Semester of Study _____

Program Location _____ Semester of Graduation _____

**NOTES:** **Attach a published long description of each course you list below.**
**Credits from an approved host institution (college or study abroad agency) will be accepted after an official transcript is received showing courses earned C or above.**

| Host Courses Subject/Number/Title | WLC Course Equivalent | Signature of Authorizing Faculty |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

_____
Registrar Approval Date

Cost of Program (Attach Documentation)

Tuition and Fees _____

Living Expenses _____

Transportation _____

Total Costs _____

_____
Financial Aid Approval Date

_____ Date _____
Student Signature

_____ Date _____
Academic Advisor Approval

_____ Date _____
Foreign Language Dept. / Education Department Approval (If applicable)

_____ Date _____
Academic Dean Approval

**Original form to Registrar**