

FLORIDA COASTAL SCHOOL OF LAW

APPLICATION FOR STUDY ABROAD/VISITING STUDENT

NAME: _____ **SS#:** _____
Last Name First Name M.I.

Telephone Number _____ Fax Number _____ E-Mail _____

Period of Study: **From:** _____ **To:** _____

Name of ABA Approved Institution: _____

Please list below **course name** (attach course description to application) and **credits** that you plan to take at an ABA approved U.S. or study abroad program. Courses may not be required courses at FCSL. You must be a student in good standing in order to apply for study abroad. You must earn a "C" or better for the credits to be transferable. *Upon completion of the course(s), it is your responsibility to ensure that we receive an official transcript immediately thereafter to receive credit.*

<u>Course Name</u>	<u>Credits</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please note that students are only permitted to visit at another institution for one full semester or for a total of fifteen (15) credits.*

Courses Approved

Courses Disapproved

Signature, Dean of Academic Affairs

Date

Signature, Financial Aid Director

Date

This request must be approved by the Dean for Academic Affairs and returned to the Registrar's Office.