



**UNIVERSITY OF MASSACHUSETTS LOWELL
PRE-AUTHORIZATION OF COURSE TRANSFER
FOR STUDY ABROAD/EXCHANGE**

NAME: _____ UNDERGRADUATE GRADUATE
 STUDENT ID #: _____ MAJOR: _____ DATE: _____

Please consider the following courses for pre-authorization of course transfer for study abroad/exchange. Courses pre-approved below will be considered options to satisfy the requirement indicated. A U.S. letter grade of a C or better must be attained in order for the transfer to be completed. Please change my student status to FULL TIME OFF CAMPUS STUDY, if courses will be taken during the fall or spring semesters.

Courses will be taken at _____
 Study Abroad University/Program

Courses will be taken in Fall _____ Spring _____ Summer _____ Winter _____
 Year Year Year Year

COURSE NUMBER & NAME	UML EQUIVALENT	UML REQUIREMENT	AUTHORIZATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

ACTION BY:	APPROVED	DATE	DISAPPROVED	DATE
DEPT. CHAIRPERSON	_____	_____	_____	_____
DEAN OF COLLEGE	_____	_____	_____	_____
STUDY ABROAD ADVISOR	_____	_____	_____	_____