

Approval of Study Abroad Transfer Credit Courses

Duke University / Trinity College of Arts and Sciences
and Pratt College of Engineering

Please return this form to the
Global Education Office, Smith Warehouse, 114 S. Buchanan Blvd.
Bay 6, 2nd Floor, Box 90057, Durham, NC 27708-0057
Tel.: 684-2174 ■ Fax: 684-3083 ■ gloaled@duke.edu

To the Director of Undergraduate Studies: Below is information about a course which is not yet part of the database of approved study abroad transfer credit courses in the Global Education Office. The student listed wishes to take this non-Duke course while studying abroad and receive transfer credit (no Duke grade) upon return to Duke. Please review the attached course description, and return a copy of this memo with your recommendation of course number, area designation and course value to the address listed above. If you need further information about this course, or have any questions, please feel free to contact our office. Thank you for your assistance.

Student Name: _____ Major: _____

Phone: _____ Email: _____

Program: _____ Country: _____

Term: Fall ____ ; Spring ____ ; Summer ____ Year: 2011 ____ ; 2012 ____ ; 2013 ____ ; 2014 ____

Foreign Course Number & Title: _____

Corresponding Duke Department: _____

This course is a: ____ Regular course offering; ____ Independent Study*; ____ Internship*; ____ Field Study*

***If the course is one of these categories, approval is preliminary, pending receipt of all documentation when student returns.**

NOTE: As of Fall 2012, generic approvals are assigned as 100 (previously 888 – lower level) or 300 (previously 999 – upper level). Foreign Language courses can only be approved as 100 or 300. No Modes of Inquiry (C, CI, STS, EI, FL, W, R) may be assigned to any courses. Students may apply only for the FL Mode of Inquiry through Transfer Course Coding Committee when they return from abroad.

I approve the course referenced above as the following exact Duke equivalent _____

If no Duke equivalent, use 100 (lower level) or 300 (upper level) _____

Area of Knowledge: (Please Circle – Maximum of 2) ALP CZ NS QS SS Credit _____

Comments:

Signature: _____ Printed Name: _____

Date: _____ Department: _____