MAJOR ADVISOR AUTHORIZATION FORM
WESLEYAN UNIVERSITY APPLICATION FOR STUDY ABROAD
Authorization & conditional pre-approval for credit toward the major
PLEASE RETURN TO THE OFFICE OF STUDY ABROAD

STUDENT: Submit a separate form for each program to which you apply. Provide your advisor(s) with details and course descriptions for each course if available.

All applicants must review their study abroad plans with either their major advisor or designated faculty representative, regardless of whether they wish to count courses from abroad toward the major. By signing this form the major advisor acknowledges that the program of study appears to be appropriate, that it aligns with the student’s academic goals, and that courses the advisor designates may count toward the major contingent upon conditions specified below. Students wishing to modify their program during registration period abroad are expected to seek their advisors’ guidance and approval by email and communicate these changes to the Office of Study Abroad.

STUDENT NAME: ________________________ WESID ____________________ CLASS YEAR ____________

PROGRAM: ____________________________ PROVIDER: ____________________________

LOCATION (CITY, COUNTRY): ___________________________________________________________________

## TENTATIVE LIST OF COURSES TO BE TAKEN ABROAD
Print clearly

<table>
<thead>
<tr>
<th>OVERSEAS COURSE NAME, NUMBER, AND AMOUNT OF CREDIT</th>
<th>WESLEYAN MAJOR/MINOR/CERTIFICATE</th>
<th>SPECIFIC MAJOR/MINOR/CERT REQUIREMENT FULFILLED BY COURSE (Consult the student’s Major Certification form. If course is to count toward graduation only, please indicate here)</th>
<th>DEPT. DESIGNATION</th>
<th>INITIAL TO APPROVE (not necessary for courses toward graduation credit only*)</th>
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<tbody>
<tr>
<td>Example: ECON 322 Economy of a Region, 3 semester hours</td>
<td>ECON</td>
<td>300 level elective</td>
<td>ECON</td>
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</table>
MAJOR/MINOR/CERTIFICATE 1: __________________________________________
My signature confirms that I have spoken with this student and authorize his/her participation on the program indicated above. Conditions for approval are as follows:

Faculty signature:
Print name
Date

*unless course is in a department not represented at Wesleyan

MAJOR/MINOR/CERTIFICATE 2: __________________________________________
My signature confirms that I have spoken with this student and authorize his/her participation on the program indicated above. Conditions for approval are as follows:

Faculty signature:
Print name
Date

MAJOR/MINOR/CERTIFICATE 3: __________________________________________
My signature confirms that I have spoken with this student and authorize his/her participation on the program indicated above. Conditions for approval are as follows:

Faculty signature:
Print name
Date

DEPARTMENTAL APPROVAL FOR COURSES OUTSIDE REGULAR WESLEYAN DEPARTMENTS (USE THIS FOR COURSES IN DISCIPLINES SUCH AS BUSINESS, EDUCATION, COMMUNICATION, AND OTHERS NOT REPRESENTED AT WESLEYAN)

DEPARTMENT: __________________________________________
My signature and initials confirm that I approve this course to transfer with the designation indicated above, NOT toward the department’s major. Conditions for approval are as follows:

Faculty signature:
Print name