

# WESLEYAN

## UNIVERSITY

Fries Center for Global Studies / Office of Study Abroad  
 201 Fisk Hall  
 Middletown, Connecticut 06459-0280  
 (860) 685-2550 FAX: (860) 685-2551



### SUMMER STUDY ABROAD: FOREIGN LANGUAGES

- Students must receive **pre-approval** for language courses taken abroad **by April 1st**, from both the Office of Study Abroad and the designated language advisor representing the relevant department or program.
- Students are strongly urged to **consult with the language advisor** in planning their experience abroad.
- Students may choose from among the **programs listed on the OSA or department web site** or, in consultation with the language advisor, they may propose a different program.
- **Final authorization** for transferring the credit will be contingent upon the student's submission of the following materials, upon returning to Wesleyan:
  - o **the course syllabus and description;**
  - o **the exam, essay or project that students deem to be most representative of their progress.**
- Students may be expected to take the **placement exam** to prove that they qualify for advancement beyond the level of the course taken abroad.
- If the course corresponds to the first half of the **ampersand sequence** of a language course (e.g., first or third semester), credit will be granted only after student has completed that the second half of that sequence (that is, second or fourth semester) at Wesleyan. It is strongly recommended that students plan to complete the sequence in a timely fashion, so as not to regress in their command of the language.
- Students must earn a B- or better in order to receive their credit from abroad. The credit will compute as CR/U.

Wesleyan University encourages students to understand study abroad as integral to their academic program on campus. **Continuing your coursework in the target language upon returning to campus** is the best way to consolidate what you have learned abroad. We strongly urge students consider this option.

Student name and WesID: \_\_\_\_\_

Institution/program name: \_\_\_\_\_

Duration of program (weeks): \_\_\_\_\_

COURSE TITLE/NUMBER	# OF MEETINGS PER WEEK	HOURS PER MEETING	TOTAL CONTACT HOURS	(TO BE FILLED IN BY ADVISOR) NUMBER OF WESLEYAN CREDITS APPROVED
1.				
2.				

Authorized signature

Print name

Date