

PLEASE COMPLETE THIS FORM PRIOR TO ADVISOR APPOINTMENT

**INTERNATIONAL EXCHANGE PROGRAM (IEP)
ACADEMIC PLANNING FORM**

Name _____ Date _____

ID _____ NYU E-mail _____

TERM: Fall Spring Fall & Spring 200_

HOST UNIVERSITY ABROAD: _____

STUDY ABROAD COURSE SELECTION (Courses you plan to take abroad):

Course Title
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

I understand that courses at the host institution may fluctuate and it may be necessary to adjust my courses accordingly. Also, I am aware that my department has final authority over what courses taken abroad will fulfill major or minor requirements and that this will be ultimately determined upon my completion of the program.

_____ Date

Name of Advisor: _____

E-mail: _____

Phone: _____ Fax: _____

I have discussed the above student's plan for study abroad and how the coursework may (or may not) apply to their major or minor.

_____ Date