



Advising Agreement

This form must be completed, signed, and returned to the NSE Coordinator prior to exchange.

Student's Name _____ Student I.D. _____
 Major _____ Expected Date of Graduation _____
 Time Period of Exchange _____
 Status During Exchange ___ sophomore ___ junior ___ senior ___ other _____
 Host Institution _____
 Calendar at Host Institution ___ semester* ___ quarter*

To Be Completed by the NSE Coordinator

Work taken on exchange will be recorded on the home transcript in the following manner:

* Courses transferring from a **quarter calendar to a semester** calendar generally earn one-third less value than semester credit hours. Courses transferring from a **semester calendar to a quarter calendar** will generally earn one third more value than quarter credit hours. Fractions of hours may be rounded up or rounded down as deemed appropriate by institutional policy. A full-year exchange is strongly encouraged when moving between the two calendars.

Directions for the Student

On the reverse side of this page, list the department, number, title, and credit hours for each course you might take at the host institution as described in the host college catalog. You should select at least twice as many courses as you plan to take on exchange and list courses for the entire period of your exchange not just for your first term. For each course selected, attach a copy of the course description. With the help of your academic advisor, indicate how each course will be accepted (e.g., major requirement, major elective, elective, core requirement). If the course will replace a major course, indicate the course that will be replaced. Secure the signatures of your advisor and other individuals as directed by the NSE coordinator. Sign the form and return it to the campus NSE office prior to exchange.

NOTE: Access to courses at your host campus is based on offerings and availability and cannot be guaranteed. You must meet all pre-requisites or co-requisites as required by the host campus.

Required Signatures

Academic Advisor _____
printed name _____ *signature* _____ *date* _____

title and department _____

telephone _____ *e-mail* _____

Other *printed name* _____ *signature* _____

title _____ *date* _____

Student _____ *date* _____

NSE Coordinator _____ *date* _____

A final copy of this signed agreement will be sent to the student and to the advisor. A copy will be kept in the campus NSE office.

