

International Office Study Abroad Application

Date

Name

Credit Transfer Form

First Name:	Family Name:		Matriculation No.:	Major:			Minor:	
I plan to attend the following host university (full name, city, country): Washington State University, Washington, USA				Language(s) of instruction at the host university:			Jacobs Academic Advisor:	
	To be c	ompleted b	y the student			To be	completed	by the Program Coordinator
Courses to be transferred				Jacobs Universit	Approval			
Course Title (at host university)			Credits (at host university)	Module ¹	ECTS Credits ²	Coor	ogram dinator´s proval	Comments
Approved by the Academic A								
	Date	Name		Signature				
Approved by the Student Records Office: (submit only AFTER collecting all other signatures)								natures)

1. **Module.** You are required to earn at least 20 ECTS to complete the Study Abroad Module, which are major related courses preferably on advanced level. Courses must vary in content from those already taken or to be taken at Jacobs University. Courses with significantly overlapping content cannot be counted twice. Courses taken abroad cannot be counted towards Core, Choice or Skills Modules. Please consult Handbook for Outgoing Students for further information.

Signature

2. **ECTS Credits.** Please convert the credits awarded by your host university to the ECTS credit scheme. If you have questions about the conversion system for your host university, please contact the Student Records Office.