



Post-Approval of Study Abroad Concentration Credit (Brown Programs)

1. Student & Program Information

Please Print _____ **SISD** _____
Last Name **First Name** **MI**

E-Mail _____ **Box** _____ **Phone** _____

Completed work at _____ **From** ____/____ **to** ____/____
Institution **Location** **mo yr mo yr**

2. INSTRUCTIONS:

- A) You will need to obtain a copy of your Brown program study abroad transcript from the OIP to attach to this form.
- B) Please fill in Sections 1 & 3.
- C) You will need to take this form with a copy of your study abroad transcript to both the department study abroad faculty advisor and your concentration advisor for signatures. You may also be asked to show a course syllabus or examples of the work you completed for a course.
- D) Once you have all the necessary signatures, you will need to bring this form to the Registrar's Office.

3. Approval of Courses Taken for Concentration Credit: List only the course (s) that you wish to get concentration credit for. You will need to get **both departmental and concentration advisor approval** for each course. Each department has a designated faculty member to sign off on study abroad courses. For the most up-to-date-list please got to: http://www.brown.edu/OIP/pdf_docs/facultyadvisors.pdf

Student Completes Course Number and Title at Host Institution	Brown Faculty Complete		Concentration Approval <i>(Concentration Advisor)</i>
	Department Approval (Study Abroad Faculty Advisor)	Equivalent Brown Course	
	_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date		_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date
	_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date		_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date
	_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date		_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date
	_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date		_____ Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date