**VERIFICATION OF COURSE ENROLLMENT**

**Instructions: As soon as your course enrollment at the host institution is finalized, you must complete this form. Submit the form with signatures through your online education abroad account OR have your host institution study abroad contact email it to** **studyabroad@marquette.edu.** **This document is required for your credits to transfer to MU.**

Name of Student:

Primary College: \_ Email Address:

MUID #:

\_

Receiving (Host) Institution:

Host City, Country: \_ Semester:

**List only the HOST INSTITUTION courses and credit values, NOT their Marquette equivalents. For semester study abroad programming, you MUST be enrolled full-time. For summer study abroad programming, you must be enrolled for the number of credits you are registered for at Marquette.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Host Institution Course Code | Host Institution Course Title | Number of Host Credits |
| *EX* | *PHIL 20240* | *Applied Ethics* | *5* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
|  |  | Total Host Institution Credits |  |

If necessary, continue this list on a separate sheet**.**

I confirm that the information listed in this document is complete and accurate as of the date of submission. I

understand that if any changes are made to this schedule while I am abroad, I am responsible for submitting an updated form to the OIE to reflect the changes. This includes adding, dropping or swapping of any classes.

Student Signature:

\_ Date:

**RECEIVING (HOST) INSTITUTION:** I confirm that the above-named student is enrolled in the courses listed above.

Academic Coordinator’s Name Printed:

Academic Coordinator’s Signature: Date: