

FLEAP ACADEMIC PLAN

Student Name: _____

Student ID #: _____

Year in School: _____

Program Location: _____

Semester/Year: _____

Course #: _____ Course Name: _____

Number of Credits: _____

Course Fulfillment:

___ Core

___ Elective

___ Major

Is there any reason why this student shouldn't go on this study abroad program?

Academic Advisor Signature:

Date:

Registrar's Signature:

Date:
