NAME: ______________________________________

STUDENT ID#:_________________ PHONE: ________________________________

EMAIL: ________________________________________________________________

CLASS OF: _________________________ YEAR OF ENTRY TO NORTHWESTERN: __________

STUDY ABROAD INSTITUTION: ______________________________________________

COURSE NUMBER AND TITLE AS APPEARS ON TRANSCRIPT: _______________________

_________________________________________________________________________

QUARTER OR SEMESTER TAKEN: ______________________________

CREDITS GRANTED BY SA PROGRAM ___________ (circle one: semester hours   quarter hours)

Course to be used as: ______  SoC distribution course  ______  Additional SoC course for major**

**Cannot be used towards courses required in your department

APPROVAL FOR A COURSE OUTSIDE THE STUDENT’S MAJOR/MINOR DEPARTMENT:

I have examined the course description of the above institution, and from my knowledge of the
institution and the department in question, I believe the course is equivalent to a similar course that is or
might be offered at Northwestern. I approve the granting of credit for the above course as:

EQUIVALENT COURSE AT NORTHWESTERN:

Subject: ______________________________

Course number or level (2XX/3XX): ______________

SoC Distro Area: ____________________________

SIGNATURE: ____________________________

________________________________________

________________________________________

ACADEMIC ADVISOR                                DATE