UNIVERSITY OF MICHIGAN
SCHOOL OF KINESIOLOGY

KINESIOLOGY STUDY ABROAD FORM

Name: _____Student ID: _____Email_____

Major: _____ Faculty Mentor: _____ OSS Advisor: _____

Have you discussed your study abroad courses and returning courses with your faculty mentor or OSS advisor?
Yes_____ No_____ If yes, who? _____

Have you met with Sandy Wiley to discuss the non-academic aspects of study abroad?
Yes_____ No_____

Study abroad term (please circle): Fall Winter Spring Summer Year: _____

Where will you be studying abroad? City _____ Country:_____

Who is the sponsoring university/college or program?_____

Kinesiology Courses

Please list **Kinesiology** courses you would like to take abroad. List the course and the course that you believe it is equivalent to in Kinesiology. *ALWAYS choose more courses than you really need.*

A faculty member must review the courses you would like to transfer from the abroad program to UM Kinesiology. Please provide the faculty member with the course descriptions and/or syllabi of the courses you would like to have considered. *Students should see the following faculty members: MVS: Victor Katch SM: Tom George or Jay Basten AT: Brian Czajka PE: Pat VanVolkinburg*

Faculty Member Signature: _____ Date:_____

Course Abroad	Course Title Abroad	UM Course	UM Course Title	Approved (yes/no)	Course Information Attached
EXSS 2018	*Biomechanical Analysis of Movement*	*MOVESCI 330*	*Biomechanics of Human Movement*	*Yes*	*X Syllabus* *__ Course Description* *__ Pre-approved on Website*
					___Syllabus *__ Course Description* *__ Pre-approved on Website*
					___Syllabus *__ Course Description* *__ Pre-approved on Website*
					___Syllabus *__ Course Description* *__ Pre-approved on Website*
					___Syllabus *__ Course Description* *__ Pre-approved on Website*
					___Syllabus *__ Course Description* *__ Pre-approved on Website*

Non-Kinesiology Courses

Please list the distribution (LSA) courses you would like to take abroad. **(Note: These courses MUST be approved via the Admissions Office Out of Residency Credit Department http://www.admissions.umich.edu/current/oor.php or on their list of previously approved courses)**. *ALWAYS choose more courses than you really need.*

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Course Abroad	Course Title Abroad	UM Course	UM Course Title
PSYCH 222	*Developmental Psychology*	*Psych 250*	*Developmental Psychology*

NOTE:

- **If your courses abroad change it is your responsibility to get new courses approved. ALWAYS choose more courses than you really need before leaving the country.**
- **This form does NOT guarantee approval for courses other than Kinesiology courses. This information is for planning purposes only.**
- **This form is due on the last day of the semester before you go abroad. (i.e. If you are studying abroad during winter term, this form must be completed by the last day of fall term.)**
- **Only courses in which the equivalent of a C or better is earned will transfer. Students must complete 24 of their last 30 credits in residence. http://kines.umich.edu/advising/20102011bulletin/bulletin1011.pdf**

COURSE ENROLLMENT FOR SEMESTER FOLLOWING STUDY ABROAD

1. Meet with your advisor to determine how studying abroad will fit into your program of study, to discuss course selection abroad, and to discuss early registration and course selection for the term you will be returning.
2. List anticipated courses for the semester following your term abroad (note: schedule and offering of classes by semester is not always the same from year to year):

Course Title	Course Number
Developmental Psychology	*Psych 250*

Please return the completed form to:

Martha Reck
1163 Observatory Lodge
1402 Washington Heights
Ann Arbor MI 48109-2013

Or Fax: 734-647-2808 (attn: Martha Reck)

For Office Use Only:

Form Submitted:

Copy to Sandy:

Transcript Received:

Transcript Forwarded:

Credit Posted:

Classes in Database**:**