



## Study Away Agreement

International Program Center,  
Bemidji State University  
Deputy Hall #111, 1500 Birchmont Dr. NE  
Bemidji, MN 56601  
Tel: 218.755.4096

A Study Away Agreement must be completed before Bemidji State University can process an application for students to attend another institution outside of the United States. The student named below may wish to continue drawing federal and/or state financial aid through Bemidji State University while studying abroad. This form must be completed by students wishing to earn academic credit for work completed at another institution, regardless of whether financial aid is sought.

There are 3 components to this Agreement:

- Page one: Signature page
- Page two: Transfer Credit Approval Form
- Page three: Financial Aid Approval Form

Please complete and return this agreement to the address listed above. You will need to [book](#) an appointment with the International Program Center to discuss your program. (Scan QR code at the bottom of this page to book)

It is the student's responsibility to forward this form to the Host Institution. The two institutions named below herein enter into a Consortium Agreement for:

Student's Name: \_\_\_\_\_ BSU ID#: \_\_\_\_\_  
                                    Last                      First                      Middle

SSN: \_\_\_\_\_

Home Institution: **Bemidji State University**                      Host Institution: \_\_\_\_\_



# Transfer Credit Approval Form

*Return To:*  
International Program Center  
Bemidji State University, Deputy Hall #111  
218.755.4096

**1.) To be completed by the student:**

I am taking coursework through the above-named institution for the following reason: \_\_\_\_\_

I will be taking \_\_\_\_\_ credit hours fall semester, \_\_\_\_\_ credit hours spring semester, \_\_\_\_\_ credit hours summer session during the \_\_\_\_\_ academic year through the host institution. I understand that I will be enrolled at BSU, and that I am personally responsible for paying all required fees to the host institution and abiding by the host institution's rules and regulations, including maintaining satisfactory academic progress and visa status. I understand that should I reduce the number of credits I take or withdraw completely from the program, I must immediately inform Bemidji State University, as I may be required to repay any financial aid received. I will request the host institution to send an official transcript to the BSU Records Office upon completion of the courses.

I also understand that this is not to be considered an endorsement by BSU of this program and that BSU is not responsible for any injury, loss, damage, delay, irregularity, or expense arising from my participation in this program as a result of accident, strikes, war, weather, sickness, quarantine, governmental restrictions, and other matters beyond the University's power to control and in consideration of the commitment herein contained, I hereby release the University and its faculty and staff from any claim or liability arising as a result of my participation in this Program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2.) To be completed by the Major Department Chair:**

I certify that the above-named student has discussed plans to study through the above-named host institution, and that some or all of the credits may be applied toward the student's degree requirements, as indicated on the attached Transfer Credit Approval/Registration form.

Major Department: \_\_\_\_\_ Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3.) Include the following with this application:**

The student planning to study abroad is required to provide verification of their acceptance by the Host Institution, either through email or a mailed copy in order to provide Bemidji State University with official notification of the student's plans to study abroad. By signing, I confirm that I have been accepted to the Host Institution. Official documentation of my acceptance is attached.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4.) To be completed by the International Program Center:**

The above-named student has discussed plans to participate in the program described above, and participation has been approved by the International Program Center.

Signatures (Director of IPC): \_\_\_\_\_ Date: \_\_\_\_\_

**5) To be complete by Core Curriculum:**

I certify that the above-named student has discussed plans to study through the above-named host institution, and that some or all of the credits may be applied toward the Core Curriculum goal areas requirements, as indicated on the attached Transfer Credit Approval/Registration form.

Signatures (Director of Core Curriculum): \_\_\_\_\_ Date: \_\_\_\_\_

# Transfer Credit Approval Form

*Return To:*  
 International Program Center  
 Bemidji State University, Deputy Hall #111  
 218.755.4096

Student's Name: \_\_\_\_\_ BSU ID#: \_\_\_\_\_

Host Institution: \_\_\_\_\_ Term and Year: \_\_\_\_\_

### STUDENT INSTRUCTIONS:

This form is required for all study away students transferring credits earned overseas to Bemidji State University. It's required to work out credit equivalencies prior to student participation.

**Step 1:**

Complete the top of this form. Then, write the title of your study away course(s) and course number(s) that you will be taking in columns **1** and **2**. Attached any additional course information needed for faculty evaluation, such as course syllabi.

**Step 2:**

Once you've completed the first two columns, bring to the appropriate faculty (department chair/core curriculum director) for them to fill columns 3-6.

**Step 3:**

Returned the complete sheet to the International Program Center, located in Deputy Hall #111.

### FACULTY INSTRUCTIONS:

This student is requesting your approval for the course(s) listed below. The student should provide you with a copy of the intended course that they will be completing while abroad. You may request additional course information to conduct the evaluation. Please return this form to the student within 5 business days of submission.

**Step 1:**

Determine the most suitable BSU equivalent for the course taken abroad and write the department code and number in the column **3** and the appropriate amount of credit in column **5**. If course equivalency cannot be found, but the course may be used to meet core curriculum goal areas, please leave column **3-6** blank.

**Step 2:**

Sign in column **6**, sign and date.

**Step 3:** Return the form to the student. The student will bring back to the International Program Center.

**\*\*Student Note:** The following transfer course equivalencies will be granted to program participants *upon successful completion* of the course at the Host University. Only courses numbered above a 1000 level, in which student earns a "D" or better will be transferred. An official transcript from host institution must be received and given to the International Program Center once returned home.

\*\*\*Note: Columns 1 and 2 are for the student to complete and columns 3-6 are for the faculty to complete.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Intended Host Courses to be taken, include, Title and Department</b>	<b>Number of Credits</b>	<b>BSU Course Equivalent Title and Number [ex: MASC 2960]</b>	<b>Core Curriculum Goal Area</b>	<b>Number of Credits</b>	<b>Faculty Approval (Please Sign and Date)</b>

Signature of Registrar: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_ BSU ID: \_\_\_\_\_

Last                      First                      Middle

Program: \_\_\_\_\_ Term/Yr: \_\_\_\_\_

**STUDENT’S ESTIMATED BUDGET**

(Include all travel costs, tuition & fees, room/board, books/supplies)

Student Expenses	Comments	Per Student	Financial Aid Adjusted Amount	Total
<b>Total Student Expenses</b>				

Student Budget Approval Sheet for Financial Aid Consideration:

The student expenses for this program have been reviewed and approved as indicated on the budget sheet by the Financial Aid Office.

\_\_\_\_\_  
 Signature of Financial Aid Director

\_\_\_\_\_  
 Date