

# Academic Planning Form

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Email \_\_\_\_\_

Study Abroad Location: \_\_\_\_\_ Major \_\_\_\_\_  
*University Country*

**Program Type (check one):**

- Sacramento State Exchange Program
- Third-Party Provider Program

Third-Party Provider Name (if applicable): \_\_\_\_\_

Students must enroll in a full-time course load while studying abroad. List the courses you plan to take at the host institution and their Sacramento State equivalents. Courses applying toward a major or minor require Department Chair approval for Sacramento State exchange programs.

Host Institution Course Code & Title	CSUS Equivalent Course	Units	Course Level (Lower/Upper/Grad)	Where Applied (Major/Minor/GE/Other)	Faculty/Advisor/Department Chair Approvals	Date
					Signature:	
					Print Name:	
					Signature:	
					Print Name:	
					Signature:	
					Print Name:	
					Signature:	
					Print Name:	
					Signature:	
					Print Name:	