

# Study Abroad Academic Evaluation Form

Name \_\_\_\_\_ All Students \_\_\_\_\_ Warrior ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Program Information:** Name of Program: Gothenburg Nursing Clinical Experience – winter and summer

Location(s) of Program (city, country): Gothenburg Dates: From \_\_\_\_\_ Through \_\_\_\_\_

*Gothenburg University*

**Approval signature:** Major/Minor courses –Dept Chair of respective course

\*Check for previously approved courses on the Course Equivalency Table on the Study Abroad website – NOTE: you will still need an approval signature even if the course has been previously approved

**General Education courses** will NOT be pre-approved and signed. You are strongly encouraged to meet with Dr. Joe West or Dr. Aurea Osgood for advice on course selection for transferability.

Study Abroad Course	# Credits	WSU Equivalent Course	# WSU Credits	Major or Minor	Approval Signature	Approved for all students (A) or just this individual (I)?
Gothenburg course	2	N495	2	Major	<i>[Signature]</i>	A

## Confirmation of Transferability of Credit:

I have reviewed the course-work contained in this program and am satisfied that if completed successfully, these courses will transfer to Winona State University as stated above.

*[Signature]*  
Signature of WSU Registrar

*9/12/19*  
Date