

St. Cloud State @ Alnwick Academic Form

First Name: _____ Last Name: _____
 SCSU TECH ID #: _____ SCSU STARID #: _____
 Major(s): _____ Minor(s): _____
 Academic Advisor(s): _____
 Term: Fall _____ Spring _____

Planned Course	Notes

Education Abroad Program Manager: _____

Academic Advisor: _____

Signature

To Academic Advisors:

The course list provided by the student is a course plan for their time in Alnwick. Please review the courses with the students so they understand how the courses will come into play for their academic plan. The education abroad courses may meet major, minor, LEP, or electives credits depending on their personal situation. Thank you very much for your assistance and cooperation with this process. Your participation helps to ensure the educational quality and relevance of the student's education abroad experience. If you have any questions or concerns about this process, please feel free to contact us.

