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**APPLICATION FOR ACCEPTANCE OF STUDY ABROAD WORK**

*Office of the Registrar  
(325) 670-1200*

Name \_\_\_\_\_  
Last First Middle

Email Address: \_\_\_\_\_

ID# \_\_\_\_\_ Total hrs. completed \_\_\_\_\_ Hrs. In Progress \_\_\_\_\_ VA Benefits: Y  N

**Study Abroad Location:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

1. Course Title: \_\_\_\_\_ Hrs. Credit: \_\_\_\_\_

HSU Course Equivalent or Substitution: \_\_\_\_\_

2. Course Title: \_\_\_\_\_ Hrs. Credit: \_\_\_\_\_

HSU Course Equivalent or Substitution: \_\_\_\_\_

3. Course Title: \_\_\_\_\_ Hrs. Credit: \_\_\_\_\_

HSU Course Equivalent or Substitution: \_\_\_\_\_

4. Course Title: \_\_\_\_\_ Hrs. Credit: \_\_\_\_\_

HSU Course Equivalent or Substitution: \_\_\_\_\_

5. Course Title: \_\_\_\_\_ Hrs. Credit: \_\_\_\_\_

HSU Course Equivalent or Substitution: \_\_\_\_\_

6. Course Title: \_\_\_\_\_ Hrs. Credit: \_\_\_\_\_

HSU Course Equivalent or Substitution: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Please return to Registrar's Office, Hardin-Simmons University. The University assumes no responsibility for conditions arising from delayed receipt of transferred credits.***

***\*Please notify Registrar's Office of any schedule changes via email to: [toutlaw@hsutx.edu](mailto:toutlaw@hsutx.edu).***