Study Abroad Academic Pre-Approval Form - SAPAF Updated 6/14

Parts A & B: Student **Parts C &D: Student and Dean's Representative**

KENT STATE UNIVERSITY

A. Student Data	B. Institution Information
Name:	Institution Name:
Banner ID:	Program Name:
Address:	City and Country:
College:	Program Start and End Date:
Major:	Kent State University Semester:
Campus: __Kent Campus _____Regional Campus	Credits granted in: __ Quarter Hours __Semester Hours _____Other
Student Signature:	Signature: OGE Advisor _____Date
Date:	Upper Division Courses have these numbers:

College	Dean's Rep.	Title	Address	Phone	Email
Arts and Sciences	Joan Iacobacci	Advisor	105 Bowman Hall	330-672-2062	jiacobac@kent.edu
Business	Theresa Wallace	Academic Advisor Coordinator	107 BSA	330-672-1292	twallace@kent.edu
CCI	Cathy Zingrone	Director of Advising	131 Moulton Hall	330-672-2950	czingron@kent.edu
Arts	Major Specific	See OGE Advisor	-	-	-
Architecture & Environmental Design	Ben Stenson	Advisor	202 Taylor Hall	330-672-2780	bstenson@kent.edu
EHHS	Toni Fry	Advisor	304 White Hall	330-672-2862	tfry6@kent.edu
CAEST	Lauren Appelbee	Advisor	119 Van Deusen	330-672-2895	lappelbe@kent.edu
Nursing	Curtis Good	Academic Program Director	136 Henderson Hall	330-672-8769	cjgood@kent.edu
Undergraduate Studies	Jude Rule	Director of Advising	Lake Hall	330-672-3676	jrule@kent.edu
Public Health	Olof Thordardottir	Advisor	Lowry Hall	330-672-6513	othordar@kent.edu

D. Dean's Representative

_____ _____

Signature Date

C. Host Institution Course Information

Prefix/ Crse #	Course Name	Hrs	Subj
	Total Hours:		

KSU Course Equivalency Information

Crse #	Course Name	Hrs	LD/ UD	EQ	KC	Approver's Signature/ Email	Date
				Y/N	Y/N		
	Total Hours:						