Office of International Programs

Meredith in Italy Semester Course Selections

Tell us which classes you intend to take during your time abroad. Reference the study abroad brochure. Turn this form into the Office of International Programs with your study abroad application.

Name: ______________________________
Meredith Student ID: __________________
Email: ______________________________

Phone: ______________________________
Anticipated Graduation Date: __________
Advisor(s): __________________________

Majors: ______________________________
Minors: ______________________________
Term Abroad: Fall__________

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Credits</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature Date
Faculty Advisor(s) Signature Date
Int’l Progs Signature Date

For Office of Registrar Use
Received on: _______________ Signature: _______________