



Brandeis University

INTERNATIONAL BUSINESS SCHOOL

INTERNATIONAL EXPERIENCE: IBS STUDY ABROAD PROGRAM LEARNING AGREEMENT

Please Print Clearly

Student Name	20	SAGE ID#	Date
Exchange Destination	<input type="checkbox"/> Fall <input type="checkbox"/> Spring 20	Semester Year Abroad	Degree Program

COURSE SELECTION

COURSE #	COURSE NAME	DEPARTMENT (BUS, ECON, FIN, etc)	FULL COURSE or MODULE	# of CREDITS (at Exch Univ)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

The above study plan reflects my intention at this time. I understand that if I change this plan, it is my responsibility to notify the Office of Student Services when I make any such decision. I understand that credit may not be given for courses that have not been approved in advance..

Applicant's Signature

Date

Accepted and Approved by Student Services.

Date Received

Staff Person Last Name and Signature

Date Approved