



Education Abroad (EA) International Internship/Independent Study Course Enrollment Form

Student Name:		UTD ID:	
Course prefix, number:		Number of credits:	
Notation/Topic of course (to show on transcript):		Country of Activity Abroad:	
Program/Activity dates abroad:	Course assignment due (approximate dates):	Semester registered:	

I understand that it is my responsibility to meet with my instructor/advisor to obtain the course information and to collect all signatures needed prior to the deadlines set by the Academic Calendar. I also understand that the completed form must include my study abroad destination and dates abroad. I realize that it is my responsibility to abide by the deadlines of Education Abroad as well as the Academic Calendar, and if need be, to withdraw from the course for which I am registered prior to the dates of travel with a notification sent to Education Abroad in writing.

I further understand and agree that payment for tuition and fees is due by the published date in the Academic Calendar to avoid cancellation of my class. Any refund I may receive will be based on the refund schedule set forth in **section 54.006** of the Texas Education Code published in the UTD catalog. **All withdrawals are subject to the rules and deadlines in the Academic Calendar.**

Student Signature: _____ **Date:** _____

>>>>> **Routing: Student → Advisor/Career Center → Instructor → Associate Dean → Education Abroad** <<<<<<

Advisor/Career Center Printed Name: _____ Campus Phone: _____
Signature: _____ Date: _____

****Do not register student. International registrations are facilitated by Education Abroad upon receipt of form****

Instructor Printed Name: _____ NetID: _____
Signature: _____ Date: _____

Associate Dean Printed Name: _____ Campus Phone: _____
of Student's Major Signature: _____ Date: _____

****Return form to EducationAbroad@utdallas.edu completed through ADU's signature****

Education Abroad Printed Name: _____ Campus Phone: x 4715
Signature: _____ Date: _____

Registrar Printed Name: _____ Campus Phone: _____
Signature: _____ Date: _____