

MIT-Madrid Spring Semester Program: Academic Plan 2009

Student's Name _____ ID # _____

Course # _____ Course Name _____

Month and Year of Expected Graduation from MIT _____

G.P.A. _____

Campus/Local Address _____

Email _____ Phone _____

Permanent Address _____

Parent/Guardian's Name & Phone _____

Documentation of faculty advisor's approval

Faculty Advisor's Name _____ Dept. _____

Phone _____ Email _____

I approve this student's plan for study in Madrid, spring semester 2009.

Faculty Advisor's Signature: _____

Documentation of discussions with faculty transfer credit examiners in departments from which you wish to receive transfer credit

Important: This form does not indicate that transfer credit has been granted. Complete another form (Request for Additional Credit Based on Subjects Completed at an Outside Institution) [available in the Registrar's Office and the HASS Office] after you return to MIT.

| Proposed Course Title | Subject Area | Institution | Signature of Credit Examiner |
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