Request for Advance Departmental Evaluation

Pre-Program Education Abroad or VIP Credit

1. STUDENT INFORMATION				
Name:	NUID:	E-	mail:	
UNK Degree College:	Major(s):	or(s): Minor(s):		
Term Credit Earned: Fall S	pring Summer 20	Anticipated Graduation Date:		
Program City/Country:				
				In-Person Program
Institution Granting Credit:	Lagrage to pay tuition 9, for	es for the num	ber of planned credits	regardless Hybrid/Other Program
2. EDUCATION ABROAD OR VIP COURSE INFORMATION	Hybrid/Other Program 4. UNK DEPARTMENTAL EVALUATION INFORMATION: Enter equivalent UNK Course or Subject (i.e. BSAD 295, CHEM XXX, FORL XXX) and UNK credit hours allowed.			
Course Title and Number	UNK Course Title and Number	Credit Hours	C or Better Required?	Comments
		110013	Required:	
3. STUDENT ACTION (To be com			0.2)	
Send one form per department with Departmental Evaluator.	-			or syllabus to the appropriate
4. POST PROGRAM INSTRUCTIO	NS FROM EVALUATING DEPAR	TMENT		
Final Departmental Evaluat	tion NOT REQUIRED (Contact Stud	ly Abroad fo	or final processing	g: unkstudyabroad@unk.edu)
Final Departmental Evalua	tion REQUIRED based on the final	transcript a	nd the following it	ems:
Syllabus Review Conference Portfolio Other:				
Grades earned must meet UNK minir Education Abroad credits meet UNK		and will not	be computed into	O UNK GPA. Pre-Approved
Evaluator Printed Name:	Evaluator Signature:			
Evaluator Department:	Evaluator Phone: Date of Review:			
5. ACADEMIC ADVISOR APPROV	/AL			
Printed Name:	Signature:			Date:
Do not return signed document to student. Return completed form to: Heidi Knake, knakeh2@unk.edu, 308-865-8246				





