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**SHORT-TERM STUDY ABROAD CREDIT REQUEST FORM**

1. Complete this form, to apply for credit transfer for the program that you want to undertake with a study abroad provider, i.e., CIS Australia, ACICIS, or Think Pacific, etc.
2. In the ‘Study Abroad Provider’ section below, provide links to the program page and write the program/course name. If available, attach a course outline/syllabus.
3. Submit this form via [Ask Flinders](https://askflinders.microsoftcrmportals.com/) to your college for credit transfer assessment.
4. Scroll down and select ‘Request Support’ at the bottom of the page.
5. Select Area > Overseas Study Application and Overseas Study Application Area > Short term Study Overseas from the drop-down list to submit your request.
6. Your college office(s) will review your request for credit transfer to participate in the study abroad program. If approved your college will provide you with a credit approval letter.
7. Once approved, you can continue with the application steps outlined by the study abroad provider and [register](https://students.flinders.edu.au/finances-and-admin/student-travel-insurance) your travel with Flinders student travel insurance.

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| **STUDENT NAME** | |  | | |
| **STUDENT NUMBER** | |  | | |
| **COURSE NAME (Degree)** | |  | | |
| **UNIT EQUIVALENCE (i.e.) 4.5 Flinders elective** | |  | | |
| **STUDY ABROAD PROVIDER** | |  | | |
| **STUDY ABROAD PERIOD (SPECIFY COMMENCMENT AND COMPLETION DATES)** | |  | | |
| **PROGRAM LOCATION (CITY, COUNTRY)** | |  | | |
| **THE STUDENT HAS LISTED A TOPIC(S) BELOW THAT THEY ARE REQUESTING TO UNDERTAKE INTERNATIONALLY. THE STUDENT IS RESPONSIBLE FOR PROVIDING THE NECESSARY DOCUMENT(S) FROM THEIR PROPOSED STUDY ABROAD PROVIDER TO ASSIST IN THE APPROVAL OF THEIR PROPOSED STUDY PLAN. THE TOPIC OR COURSE CO-ORDINATORS AND ADMINISTRATIVE OFFICER (ACADEMIC) ARE REQUESTED, WHERE APPROPRIATE TO APPROVE THE STUDY ABROAD PROGRAM FOR CREDIT TRANSFER.** | | | | |
| **STUDY ABROAD PROVIDER** | | **FLINDERS UNIVERSITY** | | |
| **UNIT VALUE** | **STUDY ABROAD PROGRAM NAME - PLEASE INCLUDE LINK TO PROGRAM AND ATTACH SYLLABUS TO ASK FLINDERS REQUEST (IF AVAILABLE)** | **TOPIC EQUIVALENT NAME OR ELECTIVE** | | **UNIT VALUE** |
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|  |  |  | |  |
|  |  |  | |  |
| **DATE** | |  | | |
| **PRINTED NAME** | |  | | |
| **COLLEGE** | |  | | |
| **PROGRAM CREDIT WILL BE GRANTED UPON RECEIPT (BYTHE ABOVENAMED OFFICER) OF AN OFFICIALDOCUMENT/TRANSCRIPT FROM THE STUDY ABROAD PROVIDER, CONFIRMING THE SUCCESSFUL COMPLETION OF THE APPROVED PROGRAM.** | | | | |
| **A FLINDERS UNIVERSITY COURSE COORDINATOR/ENROLMENT COURSE ADVISOR (ECA) IS REQUIRED TO ACKNOWLEDGE THATYOU INTEND TO PARTICIPATE IN AN INTERNATIONAL STUDY ABROAD PROGRAM WHILE STILL MEETING THE REQUIREMENTS OF YOUR DEGREE PROGRAM.** | | | | |
| **COURSE COORDINATOR/EROLMENT COURSE ADVISOR NAME:** | | | **SIGNATURE:** | |