

## PLANNING WORKSHEET

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### Student Information:

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Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bethel University ID#: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Bethel Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Exchange Program Information:

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Exchange or Study Abroad Program Partner: \_\_\_\_\_

Location of Program (City and Country): \_\_\_\_\_

Program Dates (beginning and ending): \_\_\_\_\_

#### ■ Documentation of Consultation with Study Abroad Advisor:

I have consulted with this student and made him/her aware of the various exchange / study abroad opportunities at Bethel University. I have provided him/her with a Study Abroad Application and have advised him/her on how to proceed through the approval process.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ■ Documentation of Academic Advisor's Approval:

I have consulted with this student and have determined that the hours earned via the proposed exchange /study abroad program will count toward the hours required for graduation.

Advisor's Name (Print): \_\_\_\_\_ Department: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### ■ Documentation of Registrar's Approval:

I have met with this student and have confirmed that the hours earned via the proposed exchange / studyabroad program will count toward the hours required for graduation.

Hours Earned: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ■ Documentation of Consultation with Student Financial Aid:

I have met with the student named above and have advised him/her regarding his/her financial aid.

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ■ Documentation of Consultation with Student Health:

I have met with the student named above and have advised him/her that a complete physical prior to departure is required. Pre-existing health conditions, prescription medications, health insurance coverage needs, and immunization requirements have also been addressed.

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ■ Documentation of Consultation with Student Housing:

I have met with the student named above and have advised him/her of the university's pre/post-exchange/study abroad housing options and policies.

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ■ Documentation of Approval of the Academic Dean:

I have met with the student named above and have received all required documentation as well as his/her Study Abroad Application and I approve his/her request.

Signature of the Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: This worksheet is intended for planning purposes only. It is not an application to study abroad. Please see the Study Abroad Application for more information.*