



College of Engineering

Course Substitution form for Junior Year Study Abroad coursework

Return completed form to ENG Undergraduate Records Office, 44 Cummington Street, Room 108.

Student Name: _____ BU I D# _____

Dept/Major: _____ Email Address: _____

Advisor: _____ Expected Date of Graduation: _____

I am planning to study abroad at:

- Dublin City University (Ireland) – Fall only
- National University of Singapore (Singapore) – Spring only
- University of Sydney (Australia) – Fall (Semester II in Sydney) and Spring (Semester I in Sydney)

Instructions: Please attach a complete syllabus for each course listed. All students must read and sign the following statement:

I understand that it is my responsibility to verify that the course(s) listed below will be offered during my semester abroad. I also understand that the College of Engineering at Boston University does not guarantee that my expected date of graduation will not change due to the semester spent abroad and/or availability of courses.

Student Signature: _____ Date: _____

I am requesting credit for the following courses/requirements towards my engineering degree:

1. Title of course (to be) taken: _____

Requesting credit for: (please give BU course # and title of course or specific requirement, e.g., "Technical Elective")

* 1. Approve Deny

2. Title of course (to be) taken: _____

Requesting credit for: (please give BU course # and title of course or specific requirement, e.g., "Technical Elective")

* 2. Approve Deny

3. Title of course (to be) taken: _____

Requesting credit for: (please give BU course # and title of course or specific requirement, e.g., "Technical Elective")

* 3. Approve Deny

4. Title of course (to be) taken: _____

Requesting credit for: (please give BU course # and title of course or specific requirement, e.g., "Technical Elective")

* 4. Approve Deny

5. Title of course (to be) taken: _____

Requesting credit for: (please give BU course # and title of course or specific requirement, e.g., "Technical Elective")

* 5. Approve Deny

Student's Plan Reviewed by: _____

Faculty Advisor Approval (Signature)

Date

* Course(s) Reviewed by: _____

Department Approval for Course Substitution(s) (Signature)

Date

Comment(s): _____