Advising Agreement

This form must be completed, signed, and returned to the NSE Coordinator prior to exchange.

Student’s Name ___________________________ Student I.D. ___________________________

Major ___________________________________ Expected Date of Graduation ________________

Time Period of Exchange ___________________ Status During Exchange _______ sophomore _______ junior _______ senior _______ other ________________

Host Institution __________________________________________________________________________

Calendar at Host Institution ______ semester* ______ quarter*

To Be Completed by the NSE Coordinator

Work taken on exchange will be recorded on the home transcript in the following manner:

* Courses transferring from a quarter calendar to a semester calendar generally earn one-third less value than semester credit hours. Courses transferring from a semester calendar to a quarter calendar will generally earn one third more value than quarter credit hours. Fractions of hours may be rounded up or rounded down as deemed appropriate by institutional policy. A full-year exchange is strongly encouraged when moving between the two calendars.

Directions for the Student

On the reverse side of this page, list the department, number, title, and credit hours for each course you might take at the host institution as described in the host college catalog. You should select at least twice as many courses as you plan to take on exchange and list courses for the entire period of your exchange not just for your first term. For each course selected, attach a copy of the course description. With the help of your academic advisor, indicate how each course will be accepted (e.g., major requirement, substitute course, other). If the course will replace a major course, indicate the course that will be replaced. Comments are to be noted in the comment checkbox (e.g. needs syllabus, TES equivalent). Secure the signatures of your advisor and other individuals as directed by the NSE coordinator. Sign the form and return it to the campus NSE office prior to exchange.

NOTE: Access to courses at your host campus is based on offerings and availability and cannot be guaranteed. You must meet all pre-requisites or co-requisites as required by the host campus.

Required Signatures

Advisor

printed name __________________________ signature __________________________ date ___________
title and department ________________________________________________________________
telephone __________________________ e-mail __________________________

Registration & Records

printed name __________________________ signature __________________________ date ___________
title __________________________________________________________ date ___________

Student ___________________________________________ date ___________

NSE Coordinator __________________________________________ date ___________

A final copy of this signed agreement will be sent to the student and to the advisor. A copy will be kept in the Dean of Student Life Office and in the student’s permanent file in the Registration and Records Office.
**The department chair signature must represent the chairperson of the NDSU department from the course indicated, not the chairperson of the student’s program of study.**

### Comments:

___________________________________________________________________________________

___________________________________________________________________________________

If additional space is required, make of a copy of this side prior to completion.