

**WORKSHEET FOR PLANNING STUDY ABROAD/DOMESTIC STUDY AWAY (Summer for Credit)**  
**Return completed form to MIT International Science and Technology Initiatives (MISTI) E40-4<sup>th</sup> Floor -**  
[misti@mit.edu](mailto:misti@mit.edu) - 617.258.0385

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_  
 Last First  
 Email \_\_\_\_\_

Term(s) and year you plan to study abroad/away from MIT \_\_\_\_\_  
 Institution Where You Plan to Study \_\_\_\_\_

**Academic Approval:**

**For ALL Students seeking transfer credit and ALL studying abroad during the Summer:**

**Documentation of Faculty Advisor's Approval:**

Advisor's Name (Please Print) \_\_\_\_\_  
 Dept. \_\_\_\_\_ Phone/Room \_\_\_\_\_  
 I approve this student's plan for study abroad/study away from MIT.  
 Advisor's Signature \_\_\_\_\_

**Documentation of Discussions with Faculty Transfer Credit Examiners in Departments from Which You Wish to Receive Transfer Credit. Important:** This form indicates a preliminary approval. It does not indicate that transfer credit has been granted. Upon return, students must discuss the courses and grades with Transfer Credit Examiners and complete the Request for Additional Credit Form to finish the process.

Title of Proposed Course for Study Abroad/Domestic Study Away Program	# of hours per week and # of weeks per term	Anticipated MIT Course Equivalent	Approx # of MIT units	Min. MIT equivalent grade to receive credit	Faculty Transfer Credit Examiner Name (please print)	Faculty Transfer Credit Examiner Signature

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Student's Name \_\_\_\_\_ ID# \_\_\_\_\_  
   Last  First

**Administrative Approval:**  
**For ALL students studying abroad/or on domestic study away**

Documentation that you have spoken with the following MIT Offices:

<b>Health Insurance Office:</b> Juanita K. Battle, MIT Health Plans Office, E23-308 tel. 253.1616	
<input type="checkbox"/>	I have met with the student named above and have advised him/her regarding his/her MIT health insurance coverage.
<input type="checkbox"/>	This student has elected to waive MIT health insurance. (All waiver requests must be submitted via <a href="http://medweb.mit.edu/healthplans/student/waiver.html">http://medweb.mit.edu/healthplans/student/waiver.html</a> . Questions: <a href="mailto:stuplan@med.mit.edu">stuplan@med.mit.edu</a> )
<input type="checkbox"/>	This student has insurance through an outside provider.

Signature of Juanita Battle \_\_\_\_\_  
For questions/concerns about coverage contact the Claims and Member Services Department, tel. 253-5979, or contact a representative of your private health insurance provider.

**Student Disability Services:** Students needing accommodations are encouraged to contact SDS as early as possible.

International Students Only - **International Student Advisor** Call 253.3795 to make an appointment.  
If you are a MIT student here on a visa, please see any ISO advisor to discuss visa status while abroad.  
**Name of ISO Advisor** \_\_\_\_\_ **Signature:** \_\_\_\_\_