



Outgoing Student Advising Agreement



www.wou.edu/student/nse

503.838.8423

diehmd@wou.edu

Student's Name _____ Student I.D. _____
 Major _____
 Time Period of Exchange _____
 Host Institution _____
 Calendar at Host Institution ___ semester* ___ quarter*

SUBMIT 4 COMPLETED COPIES TO:
 1. WOU NSE Coordinator
 2. Student's Academic Advisor
 3. Home NSE Office
 4. Student's Record

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-half less value than semester credit hours. Courses transferring from a semester calendar to a quarter calendar will generally earn one half more value than quarter credit hours. Fractions of hours may be rounded up or rounded down as deemed appropriate.

Attention Student and Advisor:

The above named student has been accepted to participate in National Student Exchange (NSE) for the length of the exchange indicated above. All exchange students are required to consult their academic advisor to discuss courses to be taken at the host institution and how those courses can be used to satisfy the graduation requirements of the student's curriculum at their home institution. Students are expected to list alternative course plans, when possible, to accommodate schedule conflicts.

HOST SCHOOL EQUIVALENCE

<u>COURSE #</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOME SCHOOL

<u>COURSE #</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
_____	_____	_____
_____	_____	_____
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Student's Signature _____
 Academic Advisor's Signature _____
 Advisor's Name (type/print) _____

Date _____
 Date _____
 Phone/Email _____

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

OUTGOING STUDENT ADVISING FORM

National Student Exchange Program

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HOST SCHOOL EQUIVALENCE

<u>COURSE #</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
_____	_____	_____
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HOME SCHOOL

<u>COURSE #</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
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_____	_____	_____

Student's Signature _____
Academic Advisor's Signature _____
Advisor's Name (type/print) _____

Date _____
Date _____
Phone/Email _____