

UNIVERSITY of WISCONSIN-GREEN BAY

Course Selection/Advising Agreement

Name _____ Empl. ID (Student) Number _____

Major _____ (Advisor _____)

Minor _____ (Advisor _____)

Degree Completion Date (if known) _____ Semester(s) on exchange: Fall _____ Spring _____

Host Institution _____ Quarter(s) on exchange: Fall _____ Winter _____ Spring _____
(If not participating for a full year, you must choose either the fall or the winter and spring quarters)

*Students, please complete the following advising agreement with your advisor(s). Fill in the courses you predict you will be taking while on exchange. Discuss how the courses will transfer back to your individual academic plan. It is your responsibility to keep your advisors updated on any changes that are made while you are on exchange.

Host Institution Courses

Equivalent UWGB course

Course Number/Name	Credits	Dept./Course No.	Course Name	Credits	Gen. Ed. Requirement
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student's Signature _____ Date _____

Major Advisor Signature _____ Date _____

Minor Advisor Signature _____ Date _____

Gen. Ed. Advisor's Signature _____ Date _____