



Study Abroad Course Enrolment Form 20_/20_

First Name:	
Surname:	
University of Galway Student ID Number:	
University of Galway Email Address:	
Programme of Study:	

Study Abroad Destination

Host University:	
Country:	
Duration of Study:	<input type="radio"/> Semester 1 <input type="radio"/> Semester 2 <input type="radio"/> Full Year

Course Enrolment Confirmation

Please list the courses you will register for at your host university below and send to your Programme Director for approval.

It is your responsibility to ensure you are correctly registered for these courses and that everything listed below will appear on the academic transcript issued to you by the host institution. Where possible, please arrange for a copy of your transcript to be issued directly to the Study Abroad Officer at J.E. Cairnes School of Business & Economics to ensure your marks are returned on time for ease of progression to 4th year of the programme.

Course Code	Course Description	Semester or Full Year	Course Credits (Host Institution)

I CONFIRM THAT ALL THE DETAILS PROVIDED ON THIS FORM ARE CORRECT.

Signature of Student: _____

APPROVED BY:

Signature of Programme Director: _____