

ABS Study Abroad Course Selection

Name: _____ TU ID #: _____
Email: _____ Phone: _____
Semester: _____

ABS Courses

Temple Equivalent

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I authorize the above courses/transfer credits will be accepted toward the student's degree.

FSBM Study Abroad Advisor Signature: _____
Kimberly A. Cahill