



Fox School of Business

TEMPLE UNIVERSITY®

**Temple Center for International
Business Education and Research**

CEFAM Study Abroad Course Approval Form

Name: _____ TUID #: _____

Email: _____ Phone: _____

Semester: _____

CEFAM Courses

Temple Equivalent

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

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

FSBM Study Abroad Advisor Signature: _____