

## 2019 - CREDIT APPROVAL FORM - SUMMER STUDIES IN POLAND

**To the Student:** Fill in your name, address and the courses you intend to take for credit. Present this form together with the relevant pages of the **2018 syllabus** and the **2019 course descriptions** found on our web-site: [www.thekf.org/programs/study/krakow](http://www.thekf.org/programs/study/krakow). You may request 1) an official transcript to be sent to your home university and 2) an unofficial transcript to be sent to your home address. Use BLOCK letters so that clear distinctions can be made between L and the number #1; N and M; R and F, O and 0, etc. Transcripts of Credit are sent during the week of **September 16, 2019**. Please make a copy of the completed form and keep it until your transcripts are received.

I will be attending a \_\_\_\_\_ week summer course at \_\_\_\_\_  
Name of Host Institution, City, Country

I am seeking credit approval for the following courses:

Course name	hours	suggested credits	Course name	hours	suggested credits
Course name	hours	suggested credits	Course name	hours	suggested credits
Course name	hours	suggested credits	Course name	hours	suggested credits

I am requesting an unofficial transcript (student copy) to be sent to me at the following address:

Name of Student \_\_\_\_\_

Complete Address \_\_\_\_\_  
(Transcripts will be sent on September 16th, 2019 – provide an address which will be valid at that time.)

**To the Academic Advisor:** The Kosciuszko Foundation is a not for profit organization which promotes educational exchanges between the United States and Poland. The student named above is seeking credit approval for the course(s) listed above. **Please provide us with an accurate and complete address for its successful delivery. An official transcript issued by the host institution will include the name of the host university, the course name(s), number of hours of instruction and a letter grade. Language classes also include proficiency level.**

I am requesting an official Transcript of Credit be sent to my home university at the following address:

Attn: \_\_\_\_\_

Name of University: \_\_\_\_\_

University Address + Mailbox Code: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Academic Advisor: \_\_\_\_\_ Tel. \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

A syllabus for the summer program is not expected until July 2019, however, details from the previous summer's program may be found at the web address listed above. Please note that all courses are undergraduate level. *In the Polish educational system one academic hour is equivalent to 45 minutes.*

**Kosciuszko Foundation Summer Studies Abroad, 15 East 65<sup>th</sup> Street, NY, NY 10065 Tel. (212) 734 – 2130**  
Please return the completed form to the Kosciuszko Foundation by **May 20**.