

INBOUND EXCHANGE HOME INSTITUTION APPROVAL FORM

Family Name:	
Given Name:	
Date of Birth:	dd/mm/yy
Home Institution Name eg. University of Massachusetts	
Full Course Name: eg. Bachelor of Business	
Email:	

Proposed units of study

SCU unit code <i>(eg. EDU10706)</i>	SCU unit name <i>(eg. Professional Development in Education)</i>	Study period <i>(eg. Session 1)</i>	Study year <i>(eg. 2013)</i>	Location/campus <i>(eg. Lismore)</i>

To be completed by Officer at Home Institution

Full Name	
Position	
Signature	
Dated: dd/mm/yy	
Email address	

Institution's Official Stamp/Seal