Service Academy Exchange Program -- Courses at Host Institution

Date ______ Return to Associate Dean for Academic Affairs, give copy to adviser, retain copy for self.

Name:					Company:	
Alpha: DOB:		SSN:		Religion:		
Major:			Adviser:		Adviser Phone Extension:	
	Host Insti	tution	-			
				Naval Academy Eq	uivalent Cour	rse
Designator		Title	Designator	Title	Credits	Approval

Service Academy Exchange Program -- Preregistration for Return Semester at USNA

Designator	USNA Course Title	Credits	Preferences/Remarks
oarticipant in t	academic program proposed by my advisee, MIDN the Service Academy Exchange Program next semester. sester when he/she returns to the Naval Academy. A cop	I also appro	ve his/her proposed preregistration for the
	Advisor 's Signature		 Date

Changes to academic program at host academy <u>must be reported</u> to the ADAA <u>immediately</u>. email: fid@usna.edu phone: 410-293-1586 (comm), 281-1586 (atvn) fax: 410-293-3735