

Exchange Student Course Confirmation

	mpleted at the start of each se proved. <mark>Please upload this for</mark>				le has
Name of Student:			APSU A Number:		
Host Inst	titution:				
Semester/Term: Spring Fall Start Date: End Date:					
Course I	nformation		1		
Host Institution			APSU		
Course Code	Course Title/Name	Number of Credits/ Hours	Course Code	Course Title/Name	Number of Credits
Any changes must be reported to the Director of International Education at APSU immediately.					
Student Signature Date					
We conf above.	irm that the above student is i	registered an	d enrolled in	these courses for the term list	ted
Host Institution Coordinator's Name					amp
Host Institution Coordinator's Signature Date					

Austin Peay State University

Office of Study Abroad and International Exchange Box 4485 Clarksville, TN 37044 USA Telephone: (931) 221-6851 Fax: (931) 221-6853

Email: InternationalEd@apsu.edu

Website: www.apsu.edu/study-abroad-exchange