

End of Semester Learning Agreement

Host University: _____

Kent State ID#:		Term:		
At the end of the	semester (up to the last 30 days)	, please o	complete the form below:	
 List the nare Your profest Have your verify your If the courses listed contact your Acad listed on this docuremoval of funds. 	mes of the courses you are taking ssor MUST sign to confirm your a International Office Advisor/Exchenical Delay do not match your Transfemic Advisor and the appropriate ment but not on your TCP. Failure This form is due to within the last using any financial aid or scholar	and the ttendance ange Profession of the tendance to have to days	number of credits each cou e in that course gram Coordinator sign the l e Planning Form (TCP), it is nent(s) to acquire transfer a a matching TCP can result i	bottom of the form to your responsibility to pproval for the course(s) in a financial aid hold or
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************	is form through your Education Al <u>edabl</u> *******	road@ke ******	-	
Course Number	Course Title	Credit Hours	Method of Instruction (Online/In-Person/Hybrid)	Professor's/Instructor's Signature
the term.	inator, can confirm the student's			_
Host Coordinator	/International Office Staff Name		Host Coordinator Signature	
Host Coordinator Email			Host Coordinator Phone	 Date
				S_SFA_STA_SOSL