Start of Semester Learning Agreement

Name: ____________________________  Host University: ____________________________
KSU ID: __________________________  Term: ____________________________________

At the start of the semester (up to the first 30 days), please complete the form below:

- List the names of the courses you are taking along with the course number
- Enter the number of credits each course is worth
- Have your International Office Advisor/Exchange Program Coordinator sign the bottom of the form to verify your enrollment status

If the courses listed below do not match your SAPAF or Transfer Course Planning Form, it is your responsibility to contact your Academic Advisor and the appropriate department(s) to acquire transfer approval for the course(s) listed on this document but not on your SAPAF. Failure to have a matching SAPAF can result in a financial aid hold or removal of funds. **This form is due within 30 days from the start of classes.**

*** Return this form to the One Stop for Student Services at www.kent.edu/onestop using the Contact Us form or by fax at 330-672-6001***

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<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
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I, the host Coordinator, can confirm the student’s attendance in the courses listed above through the end of the term. I will notify Kent State University if this Participant does not begin attendance in any of the courses listed above.

Host Coordinator/International Office Staff Name  Host Coordinator Signature  Date