

**PEPPERDINE UNIVERSITY**  
Graziadio School of Business and Management

**STUDY ABROAD LEARNING AGREEMENT**  
FULL-TIME MBA, IMBA, MSGB STUDENTS

**STEP 1: COMPLETE YOUR INFORMATION BELOW**

<b>Date:</b>		<b>Term &amp; Year:</b>	
<b>Student Name:</b>	Last: _____	First: _____	MI: _____
<b>Partner School:</b>	_____		<b>Student ID:</b> _____

**STEP 2: ENTER YOUR COURSE ENROLLMENT INFORMATION**

I plan to enroll and receive credit for the courses listed below which I will be taking at the partner institution. I am aware that I am **required to successfully complete no less than 16 Pepperdine units which is equal to a full-load of graduate business electives** and deemed a full course load by the partner institution.

<b>Course Number:</b>	<b>Course Title:</b> (in English)	<b>Units</b>	<b>Hours</b>
<b>Total Partner University Units, Hours:</b>		<b>0</b>	<b>0</b>

**STEP 3: SIGNATURE OF PARTNER UNIVERSITY REPRESENTATIVE AND STUDENT**

As a representative of \_\_\_\_\_, the host university, I confirm that this student is officially enrolled in the courses listed above for the credits indicated.

\_\_\_\_\_  
*Signature of University Representative*

\_\_\_\_\_  
*Name of Representative*

\_\_\_\_\_  
*Date*

With the submission of this form, I hereby request confirmation that the courses listed above will satisfy my requirements should I successfully complete them.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

**STEP 4: E-MAIL FORM TO Program Office at PEPPERDINE OR FAX TO (310)506-4908**

\_\_\_\_\_  
*Program Office*

\_\_\_\_\_  
*Date*

Pepperdine University  
Attn: Program Office  
The Graziadio School of Business  
Malibu Campus, Bldg. 4100  
24255 Pacific Coast Highway  
Malibu, CA 90263