

APPROVAL FOR STUDY ABROAD

Name: _____

CID #: _____

Major: _____

Advisor: _____

Year: (Circle one) Freshman Sophomore
 Junior Senior

Estimated number of credits that you are requesting to be transferred subject to review upon receipt of Official Transcript:

At what University/College do you intend to study?

_____ (Country)

Sponsoring Organization:

- ___ SUNY Purchase
- ___ Other SUNY College (Specify: _____)
- ___ Other American College (Non SUNY)
(Specify: _____)
- ___ Other (Specify: _____)
- ___ Visiting Student (Non-Sponsored)
(Specify where: _____)

Dates of Off-Campus study:

- ___ Fall 20____ only
- ___ Spring 20____ only
- ___ Summer 20____
- ___ Winter session 20____
- ___ Academic Year 20____ - 20____

Please indicate in two or three sentences what your academic objectives are for going abroad.

Please indicate academic program to be followed, including course titles (attach catalog descriptions)

ALL SIGNATURES ARE REQUIRED FOR FINAL APPROVAL

Dir of Int'l Ed. Signature

Faculty Advisor Signature

Associate Dean Signature

**RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE
STUDY ABROAD STUDENTS MUST ALSO COMPLETE AN APPLICATION TO TRANSFER CREDITS**

FOR OFFICE USE ONLY: MATRIC: _____ A LOA: Y / N FROM _____ TO _____
UPDATED: ISIS _____ PROG. CODE _____ MEMO _____ DATE _____ INITIAL _____