



REQUEST FOR APPROVAL TO PARTICIPATE IN A STUDY ABROAD PROGRAM

Student Name _____ Date _____

Student ID No. _____ Major&GPA _____

Permanent Address _____

Endicott Email _____ Cell Telephone (_____) _____

Sponsoring University/Organization _____

Study Abroad Location (City / Country) _____

Period of Participation (Please check all that apply) ☐ Fall Semester Year _____ Total Credits _____

☐ Spring Semester Year _____ Total Credits _____

☐ Summer Semester Year _____ Total Credits _____

Please list the host institution courses and Endicott equivalents for which the student will receive transfer credit if courses are completed satisfactorily. Students can find available courses and links on their program page under the **Academics** tab. Please note: courses taken while abroad **cannot** be counted as Endicott's Writing Designated General Education Requirement. Students must choose from courses listed here when completing add/drops while abroad.

Courses at Host University

Alternate Courses (Required)

ENDICOTT COLLEGE COURSE EQUIVALENT

Course No.	Course Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Credits		_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If specific courses or equivalents are not proposed, please explain in the space below:

Students receiving financial aid must meet the requirements of full-time student status (12 credits/semester). Changes in the proposed courses of study and the resulting Endicott course equivalents require the approval of the Dean of the Academic School.

Signatures:

Student _____ Date _____

Academic Advisor _____ Date _____

Dean of Academic School _____ Date _____

Dean of Office of International Education _____ Date _____