



### REQUEST FOR APPROVAL TO PARTICIPATE IN A STUDY ABROAD PROGRAM

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID No. \_\_\_\_\_ Major \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ 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 \_\_\_\_\_

The following proposal lists courses the student plans to complete in the study abroad program. Please list the courses and credit hours for which the student will receive transfer credit if courses are completed satisfactorily.

Courses at Foreign University	ENDICOTT COLLEGE COURSE EQUIVALENT		
	Course No.	Course Title	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Alternate(s) – Please list as many as possible		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 the Academic School \_\_\_\_\_ Date \_\_\_\_\_

Dean of the Undergraduate International Programs \_\_\_\_\_ Date \_\_\_\_\_