

Student: _____

ID#: U00 _____

Major: _____

SUNY Poly e-mail: _____

Do you use VA benefits? ☐ YES ☐ NO

The Registrar's Office will only send e-mails to your college e-mail account.

Host SUNY Campus*: _____

Location of Study (city & country): _____

Study Abroad semester: ☐ May ☐ August ☐ December Year: 20____

Anticipated graduation date: ☐ May ☐ August ☐ December Year: 20____

* A copy of your acceptance into this program must be attached to this form along with a course description for each course listed. If all documents are not attached, the petition will be denied.

Course prefix/# (Ex: ENG 101)	Course Title at Host Institution (Ex: Freshman Comp)*	# Credits	Apply to SUNY Poly program as:

NOTES:

1. Approval of credit will be based on the applicability of the course towards the student's degree requirements.
2. You should list at least twice as many courses as you plan to take, as schedules at the study abroad location may change, and courses may be full or cancelled, requiring you to change your plan of study at the last minute.
3. You cannot repeat a course previously taken at SUNY Poly during a study abroad experience.

By signing below, I understand that:

- ... if I take courses not on the list above, not only will my plan of study be affected, my financial aid may be negatively affected and I may have to repay all or a portion of the financial aid I originally received.
- ... all of the grades I earn will be counted in my SUNY Poly GPA.
- ... courses will not be added to my transcript until an official record is received by the SUNY Poly Registrar's Office.
- ... if I am traveling in the second semester of my senior year, my degree date may be delayed.
- ... I will be registered full time at SUNY Poly for FST XXX, which will generate a bill for the term indicated above. My host campus may assess additional fees for the study abroad experience.

Student Signature (actual signature is required) _____

Date _____

STUDENT IS NOT TO WRITE BELOW THIS POINT

If you wish to make comments, attach an additional sheet. Do not write over another office's area for signature.

Approval Type	Approved?	Signature	Date
Program/Chair/Advisor:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Gen Ed Coordinator (if needed):	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Financial Aid:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Registrar:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Once complete, Registrar will distribute to: Student (via SUNY Poly email), Program, Academic School, Financial Aid, and Bursar.

☐ Transcript received – date: _____