

# REQUEST FOR A STUDY ABROAD \_\_\_\_\_ OR EXCHANGE PROGRAM \_\_\_\_\_ (select one)

FOR OFFICE USE:  
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 DEAN OF  
 STUDENTS

Exchange Programs are outlined on the back of this form. \*Exchange program availability is limited and determined by committee review.

NAME _____	STUDENT NO. _____
CLASS WHILE ABROAD FR SO JR SR	MAJOR/MINOR _____
GPA _____	ACADEMIC ADVISOR _____
DOB _____ LOCAL PHONE _____	HOME PHONE _____
EMAIL ADDRESS _____	
GENDER _____	CITIZENSHIP _____ ETHNICITY _____
EMERGENCY CONTACT _____ (Name)	
CONTACT PHONE _____	
HOME ADDRESS _____	
(Street Address)	(City) (State) (Zip Code)
I REQUEST PERMISSION TO STUDY ABROAD DURING THE:	
FALL _____ (YEAR)	SPRING _____ (YEAR)
SUMMER _____ (YEAR)	WINTERSESSION _____ (YEAR)
THE PROGRAM I HAVE SELECTED IS _____	
(NAME OF COLLEGE)	
CITY AND COUNTRY _____	
LIVING ARRANGEMENT _____	
COST: TUITION AND FEES \$ _____ ROOM \$ _____ BOARD \$ _____ OTHER \$ _____	
<b>*DEADLINES: FALL – MARCH 15<sup>TH</sup> SPRING – OCTOBER 1<sup>ST</sup> SUMMER - FEBRUARY 1<sup>ST</sup></b>	

Name two University faculty members or administrators as references:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**In order for my request for this program to be approved, I understand that I must have the following:**

1. Course Advisement Form completed by my Academic Advisor, Dept. Chair, Dean and Director of the Brennan Center.
2. Meeting with Financial Aid
3. Medical/Liability Form
4. Statement of Liabilities and Responsibilities
5. Program application and required forms

**Students with documented disabilities, medical conditions, or special needs, who may need some accommodation in their study abroad experience, should make an appointment with the Director of the Brennan Center to discuss program expectations as early as possible in the planning process. Students with disabilities must also register with the Coordinator of Disability Services (716-286-8541) in order to facilitate the provision of needed accommodations.**

I authorize the Assistant Dean of Students to review my conduct record with the understanding that this could affect the University's approval for study abroad.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student is approved for Study Abroad**

Signature – Dean of Students \_\_\_\_\_ Date \_\_\_\_\_

Signature – Director, Int. Relations \_\_\_\_\_ Date \_\_\_\_\_

Director Int. Relations forwards copies of front to: FAO/ADS Email reference 1.\_\_\_\_ 2.\_\_\_\_

August 2023