

# REQUEST FOR STUDY ABROAD

<b>LEGAL NAME</b>	<b>STUDENT NO.</b>
<b>PREFERRED NAME</b>	<b>PRONOUNS</b>
<b>CLASS WHILE ABROAD</b>	<b>ACADEMIC ADVISOR</b>
<b>MAJOR/MINOR</b>	<b>GPA</b>
<b>DOB</b>	<b>PHONE</b>
<b>GENDER</b>	<b>EMAIL</b>
<b>EMERGENCY CONTACT NAME</b>	<b>CITIZENSHIP</b>
<b>HOME ADDRESS</b>	<b>ETHNICITY</b>
<b>CONTACT PHONE</b>	

  

**I REQUEST PERMISSION TO STUDY ABROAD DURING THE:**

**THE PROGRAM I HAVE SELECTED IS**

**CITY AND COUNTRY**

**LIVING ARRANGEMENT**

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 International Relations.
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 \_\_\_\_\_

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

**Signature – Int. Relations** \_\_\_\_\_ Date \_\_\_\_\_

Director Int. Relations forwards copies of front to: FAO/AD

- Email reference 1. \_\_\_\_\_ 2. \_\_\_\_\_