Purpose: This form is to be used by students accepted into an exchange or direct study abroad program at SUNY Oneonta

Student Information to be completed by the student:

A number __________ Email Address: __________________________ Phone: __________________________

First Name: ___________________ Middle Initial: _______________ Last Name: __________________________

Name of Institution: ________________________ Major: __________________________

Street Address: ____________________ City: _______________ State: _____ Country: __________ Postal Code: ___________

Phone: ___________________________ Email: __________________________

Semester(s) study at SUNY Oneonta □ Fall ______ □ Spring ______ □ Summer ______

For SUNY Oneonta Use Only:

Type of Program □ Exchange □ Direct Study Abroad

List the courses you are planning to take at SUNY Oneonta in priority order. Attach a course description/ syllabus from the home institution for prerequisite courses.

<table>
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<tr>
<th>CRN</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>For Home Institution Office Completion</th>
<th>For SUNY Office Completion</th>
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<td>Department Chair or Academic Advisement Names</td>
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</table>

I understand it is my responsibility to notify the Office of International Education at SUNY Oneonta and my home institution with any changes to my schedule prior to, or at the point of final registration.

Student’s signature: __________________________________________ Date: ______________________

Please have the following signatures signed in the order specified below by your Home Institution:

1. Faculty Department Advisor __________________________ Date ________________

2. Department Chair __________________________ Date ________________

3. Academic Advisement Center __________________________ Date ________________

4. Study Abroad Coordinator __________________________ Date ________________

Rev A. 11/2012