SUNY ONEONTA
PRELIMINARY OVERSEAS COURSE APPROVAL
Office of International Education
111 Schumacher Hall • Oneonta, New York 13820
Tel: (607) 436-2461 • Fax: (607) 436-2475

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

Student Information

<table>
<thead>
<tr>
<th>A Number:</th>
<th>Email:</th>
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First Name: ___________________________ Middle Initial: _______ Last Name: ___________________________

Address ___________________________ City ___________________________ State _______ Zip ___________

At the time of studying abroad, I will be a:  

- [ ] Sophomore  
- [ ] Junior  
- [ ] Senior

Anticipated Graduation Term:  

- [ ] May 20____  
- [ ] December 20____  
- [ ] August 20____

I will be applying for Financial Aid to support my overseas education:  

- [ ] Yes  
- [ ] No

Overseas Program Information – To Be Completed by the Student

Name of Overseas University/College ___________________________ Country ___________________________

SUNY Administering Campus: ___________________________

Study abroad program semester(s)—check all that apply:  

- [ ] Fall 20____  
- [ ] Spring 20____  
- [ ] Summer____  
- [ ] Other ______

For OIE Use Only

Program Code: ___________________________ Type of Program:  

- [ ] Exchange  
- [ ] Direct Study Abroad

List the courses you are planning to take at the host institution in priority order. Attach a course description from the host institute, if available.

<table>
<thead>
<tr>
<th>Overseas Course Number</th>
<th>Course Title</th>
<th>Overseas Credit ECTS, Units (UN), or Credit Hours (CR)</th>
<th>SUNY Oneonta Course Equivalency</th>
<th>Gen Ed Attribute</th>
<th>Dept. Chair or Academic Advisement Initials</th>
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Total Hours: ___________________________

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

Student’s Signature ___________________________ Date: ___________________________

Please have the following signatures signed in the order specified below:

1. Faculty/Department Advisor ___________________________ Date: ___________________________
2. Department Chair ___________________________ Date: ___________________________
3. Academic Advisement Center ___________________________ Date: ___________________________
4. Study Abroad Coordinator ___________________________ Date: ___________________________

White copy – Registrar; Yellow copy – Financial Aid; Pink copy – Student; Gold copy – International Education

Rev. D, 10/11