

Study Abroad

ePermit Course Approval Form

This form is to be used by Queens College stude	ents participating in Study	Abroad programs offered through other					
CUNY campuses. Please Type.							
CUNY Campus Offering the Study Abroad Prog	gram:						
Program applied for:							
Program Location (City, Country):							
Your Name:							
First Name	Middle Name	Last Name					
CUNYFirst Student ID No	Are you a	Macaulay student? □Yes □No					
Cell/Telephone No()	_ Email Address						
CUNY Campus Offering the Study Abroad Program:							
Semester/Session:Ye	ear						
Will the term indicated be your last semester/ses	ssion? □Yes □No If yes	s, please consult your advisor about					
graduation.							
Applicant's Signature		Date					

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STUDY ABROAD COURSE	S.A. Credits	QUEENS COLLEGE COURSE EQUIVALENT	Q.C. Credits	SIGNATURE OF FACULTY ADVISOR(s)	DATE	FINAL GRADE (OFFICE USE ONLY)