



## Study Abroad Course Approval Form

**Please type.** Please see the instructions above for more information on completing this form. Write the names of your Course Approval Form signatories on the page after this.

Home College \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

CUNY ID # \_\_\_\_\_ Are you a Macaulay student?  Yes  No

Cell/Telephone No. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Full Address: \_\_\_\_\_

Program applied for: \_\_\_\_\_

This Course Approval Form is for:  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Will the term indicated be your last semester/session?  Yes  No **If yes,** please consult your advisor about graduation.

### Study Abroad Program Approval

QC Study Abroad Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

