



Study Abroad Course Approval Form

This form is to be used for participation in Queens College's Education Abroad program.

Please TYPE.

Home College _____

Name _____
Last
First
Middle

CUNYfirst Student ID No. _____

Address _____
Number and Street Apt. #
Town or City
State
Zip Code

Cell Phone # (____) _____ Email address _____

Program applied for: _____

Semester/Session: Winter _____ (Year) Summer Session 1 _____ Summer Session 2 _____

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

Applicant's Signature _____ Date _____

Study Abroad Program Approval

QC Study Abroad Director's Signature _____ Date _____

STABD []

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