

**STUDENT INFORMATION**

NAME: \_\_\_\_\_ RAM ID #: \_\_\_\_\_ MAJOR: \_\_\_\_\_  
.EDU EMAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

**PROGRAM INFORMATION**

TERM: FALL | THANKSGIVING BREAK | WINTER | SPRING | SPRING BREAK | SUMMER | ACADEMIC YEAR CITY & COUNTRY: \_\_\_\_\_  
COORDINATING SUNY: \_\_\_\_\_ SCHOOL ABROAD (IF NON-FACULTY LED): \_\_\_\_\_

**COURSE INFORMATION FOR NON-FACULTY LED PROGRAMS**

	<b>Student:</b>		<b>Dept. Chair:</b>	<b>Dept. Chair:</b>	<b>Dept. Chair:</b>	<b>Dept. Chair:</b>
	Course # and Title Abroad	Credits	FSC Equivalent Course # and Title	FSC Credits	Signature approval for course equivalent (if applicable)	Course satisfies graduation requirements Y/N
1.						
2.						
3.						
4.						
5.						
6.						
7.						

**TOTAL CREDITS:** \_\_\_\_\_

**COURSE INFORMATION FOR FACULTY LED PROGRAMS**

	<b>Student:</b>		<b>Dept. Chair:</b>
	FSC Course # and Title	Credits	Course satisfies graduation requirements Y/N
1.			
2.			

**TOTAL CREDITS:** \_\_\_\_\_

**STUDENT** – Read, initial and sign below.

1. I understand that without the completion of this form I will not be able to participate in any Study Abroad, Exchange or Out of State program. \_\_\_\_\_
2. I understand that without this form being signed by all necessary persons my enrollment is not valid. \_\_\_\_\_
3. I understand that I need to achieve a minimum grade of "C" in order to receive transfer credit. \_\_\_\_\_
4. I understand that the credits may not transfer back to FSC without having completed this form. \_\_\_\_\_
5. \*I understand that \_\_\_\_\_ credits I plan to take on this program will not apply to my degree at FSC. \_\_\_\_\_  
*\*if applicable*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student's Curriculum Chairperson Signature Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Curriculum Dean Signature Approval: \_\_\_\_\_ Date: \_\_\_\_\_