



UNDERGRADUATE PERMISSION TO STUDY ABROAD

When complete, return to:

Registrar's Office, 122 White Hall, 1600 Burrstone Road; Utica, New York 13502
Phone: (315) 792-3393 Fax: (315) 792-3020

Following consultation with the Office of International Education (120 White Hall), all Utica University students who plan to study abroad must complete this form.

- ✓ Please note that all grades earned at the centers *listed in the shaded section below* will be counted toward your UC grade point average.
- ✓ Once you complete your study abroad, you **must** have an official (sealed) transcript sent to the Utica College Registrar's Office to have the courses added to your records.

Please indicate the study abroad option you will be selecting:

<input type="checkbox"/> Aberystwyth University, Wales	<input type="checkbox"/> University of Strathclyde, Glasgow, Scotland
<input type="checkbox"/> Abo Akademi University, Finland	<input type="checkbox"/> Lingnan University, Hong Kong
<input type="checkbox"/> University College Dublin, Ireland	<input type="checkbox"/> Kansai Gaidai University, Hira-Kata, Japan
<input type="checkbox"/> Universidad Peruana de Ciencias Aplicadas, Lima, Peru	<input type="checkbox"/> University of Otago, Dunedin, New Zealand
<input type="checkbox"/> Australia Catholic University, (four campuses) Australia	<input type="checkbox"/> IAU Aix en Provence, France
<input type="checkbox"/> Florence University of the Arts, Florence, Italy	<input type="checkbox"/> IAU Barcelona, Spain
<input type="checkbox"/> American University in Cairo, Egypt	<input type="checkbox"/> IAU Morocco
<input type="checkbox"/> Ulster University, (four campuses), N. Ireland	<input type="checkbox"/> CIS Abroad (indicate program): _____
<input type="checkbox"/> Jagiellonian University, Krakow, Poland	<input type="checkbox"/> AIFS: (indicate program): _____

Student's Name: _____

UC ID#: _____

UC Major: _____

Study Abroad Term: _____
(Semester of leave): _____

Semester Returning: _____

Courses Planned (attach course descriptions):

Course Title and Number	Credit Hours/ECTS	UC Equivalent	UC Credit Hrs

Student Signature: _____ Date: _____

Adviser Signature: _____ Date: _____

Financial Aid Adviser Signature: _____ Date: _____

International Education Signature: _____ Date: _____

Registrar's Signature _____ Date: _____

DISTRIBUTION: Student Registrar Academic School Office Student Financial Services Int'l Education