



SUNY Canton Study Abroad Programs Course Pre-Approval Form

Name: _____ Student ID#: _____
 Phone Number: _____ Email: _____
 Major: _____ Program Sponsor: _____
 Term Abroad: _____ Academic Advisor: _____
 Overseas University: _____ City, Country: _____
 How many courses will you be taking in the Study Abroad Program? ___ Part Time Internship? YES or NO (circle one)

PLEASE CONSULT WITH YOUR HOME INSTITUTION REGARDING INTERNAL REQUIREMENTS

Program participant, academic advisors, department chairs, and deans: Please read the directions on page 2 of this form prior to completing or signing this document.

Study Abroad Course Number (in order of preference)	Study Abroad Course Title (in order of preference)	↔	Equivalent Course Number (from home institution)	Equivalent Course Name (from home institution)	Distribution (Major, Minor, Gen Ed, Humanities, Elective, Other)	Number of Credit Hours	Approval (Advisor/Dept. Chair/ Dean or Authorized Reviewer)
1.		↔					
2.		↔					
3.		↔					
4.		↔					
5.		↔					
6.		↔					
7.		↔					
8.		↔					
9.		↔					
10.		↔					

Guidelines

- If you do not complete this form and return it to International Programs Office prior to your departure, you may not receive credit for courses taken overseas.
- For Fall and Spring semester programs you must be enrolled in the equivalent of at least 12 semester hours that are not repeats of any previous course.
- Study abroad course grades will be recorded as A through D or as “Pass” or “Fail” with appropriate approval on your SUNY Canton transcript.
- It is your responsibility as the student to ensure you will receive academic credit for the work you complete with Study Abroad.
- After internal consultation with your academic advisor, list your choice of 10 courses in order of preference. For each course listed, please have your advisor indicate the equivalent course and distribution requirement the class will fulfill at your home institution and sign off on the approval in the space provided.
- You may submit the course equivalency form provided by your home institution in place of this form, but you must provide the contact details for each approving official including: name, title, department, address, phone number, fax number, and email address.
- Keep a copy of this completed form for your records. If you are planning to use financial aid, your financial aid advisor will probably also request a copy of this form from you.
- If you have not already done so, please submit official transcripts to SUNY Canton at the address below.
- Please recognize that the courses requested on the first page: a) may not be offered and/or b) may have conflicting meeting days and times, and that additional approvals may be required in either case.
- Please submit your Course Pre-Approval form early to ensure that courses of interest receive scheduling consideration. Please put an asterisk (*) in front of any courses that are critical requests.