

**ACCEPTANCE FORM FOR REGISTRATION IN AN OVERSEAS ACADEMIC PROGRAM**

**Please return this form, completed and signed, along with a copy of your program acceptance letter and budget to: Office of International Education, SUNY Potsdam, Sisson Hall, 44 Pierrepont Avenue, Potsdam, NY 13676-2294**

I have been accepted to study abroad in the following overseas academic program.

1. NAME \_\_\_\_\_
  2. Potsdam P# \_\_\_\_\_
  3. Program Name (university/city/country)  
\_\_\_\_\_
  4. SUNY Sponsoring Campus \_\_\_\_\_
  5. Duration: Check one and indicate year.  
O Fall \_\_\_\_\_ O Spring \_\_\_\_\_ O Academic Year \_\_\_\_\_ - \_\_\_\_\_ O Summer \_\_\_\_\_ O Intersession \_\_\_\_\_  
year year year year year year year
  6. Number of Credit Hours you expect to receive: Undergraduate Credits \_\_\_\_\_ Graduate Credits \_\_\_\_\_
  7. Program Dates (depart U.S./return to U.S.) \_\_\_\_\_
  8. **Mailing address while away on OVS:** Remember to make any necessary mailing address updates in BearPaws.
  9. My e-mail address where I can be reached while abroad: \_\_\_\_\_
  - I understand that this represents a **firm** commitment on my part to take part in this program. I request instructor permission to register\* in "OVS - Study Abroad". If at any time I withdraw my acceptance to study abroad, I will notify the Office of International Education & Programs (IEP) **in writing** to cancel my registration in "OVS - Study Abroad". \*Note: non-SUNY Potsdam non-matriculated students do not web register; but are registered through the Office of International Education.
  - I understand that my ability to participate in this study abroad experience is contingent upon IEP's assessment of my academic standing and eligibility. Based on that outcome, I understand that I may have to forfeit any previously committed finances/monies (program deposits, program fees, airfare, etc.) IEP will review the academic status of all Potsdam students committed to study abroad. This will take place at the end of the semester prior to your study abroad experience.
10. Signed \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Instructor permission for student to register granted (Director, IEP) _____ date _____		
<input type="checkbox"/>	"OVERRIDE" done for student to WEB register in (CRN) _____	OVS _____ date _____
<input type="checkbox"/>	Non-matriculated student: memo to Extended Education to register student: CRN _____	OVS _____ date _____