

Lougheed

Center for Applied Learning

EXPLORE EXPERIENCE REFLECT BECOME

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ACCEPTANCE FORM FOR REGISTRATION IN AN OVERSEAS ACADEMIC PROGRAM

This form must be completed, signed, and returned along with a copy of your program acceptance letter and program budget to the Lougheed Center for Applied Learning at SUNY Potsdam. If you do not complete this form, **you will not be registered as a SUNY Potsdam student and will be ineligible for financial aid** while you are studying abroad.

Student Name _____

SUNY Potsdam (Pnumber) _____ Date of birth _____ Gender _____

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

Program Name/University/Course Name _____

City _____ Country _____

Name of Administering SUNY Campus _____

Duration (check one and indicate year)

Fall _____ Spring _____ Academic year _____ - _____ Summer _____ Winterim _____

Number of credit hours you expect to receive: Undergraduate _____ Graduate _____

Program Dates Depart U.S. _____ Return to U.S. _____

Potsdam email: _____@potdam.edu

Other email: _____

Please carefully read the statements below. Your signature indicates your acceptance of these statements.

- I understand that this represents a firm commitment on my part to take part in all aspects of this program. I grant permission to be registered in "OVS-Study Abroad" to maintain my student status at SUNY Potsdam.
- If at any time I withdraw my acceptance to study abroad, I will notify the Lougheed Center for Applied Learning (LoCAL) **in writing** to cancel my registration in "OVS-Study Abroad".
- I understand that if, for whatever reason, I choose not to participate in the travel component of this experience or if I choose to withdraw my registration, I may have to forfeit any previously committed finances/monies (this includes program deposit program fees, airfare, etc.)
- I understand my ability to participate in this study abroad experience is contingent upon LoCAL staff'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.).
- I understand that LoCAL staff will review the academic status of all Potsdam students committed to study abroad at the end of the semester prior to their study abroad experience.

Signed _____ Date _____

OFFICE USE ONLY:

<input type="checkbox"/> Student registered in (CRN) _____	OVS _____	Date _____	By _____
<input type="checkbox"/> SDS Study Abroad code entered # _____	Date _____	By _____	
<input type="checkbox"/> Health Insurance dates of coverage _____			
<input type="checkbox"/> Student enrolled in International Health Insurance _____	<input type="checkbox"/> Ins fee added to Student Account _____		
<input type="checkbox"/> International Health Insurance ID card mailed _____			