i	ċ	٨	ď	۸.	Ä	r	-	N	D	r	١.	ī.	ī.	ĸ	п	٨	7	Ė	b	10		п	г	1	c	-	т	П	ı	1	v	,	۸	١	A	ī	۸	۸	/	Ė	1	1	r	'n	v.	A	
1	`	•	١	N	и.	-		ш	к		١.			n		А.	,	-	н	4	S.			v	- 3				ш	-1	·v		м	А.	Λ.		м	- `	,	-		-1	н		١,	ш	

				SAIVIF	UK	D UNIVERSITY STUDY A	WAYF	URIVI								
PROCESS: Meet	with the Studen	t Advisor or St	udy Away Program Advisor; consult	t with acader	nic a	advisor; consult with One-Stop a	dvisor; co	omplete forr	n and obtain	required signatures	s; return form t	o the Off	ice of the Registrar.			
SECTION A: TO	O BE COMPLETE	BY STUDENT	APPLICANT													
Name (First, Middle, Last): SUID: Email:																
Major:																
Minor:						☐ Freshman	☐ So	phomore		☐ Junior	☐ Senior					
Study Away Term May Term, 20						Spring, 20		☐ Fall, 20								
SECTION B: TO	O BE COMPLETED	BY STUDENT	AND SIGNED BY DEPARTMENT CHA	AIR AND ADV	ISOI	₹										
Dowt A. To be		*	l on other institution/s source.	. a. wl.		Doub D. To be consulated	l hu Dan	t Chain and								
Part A: To be completed by student based on other institution's coursework Prefix Course # Course Title Part B: To be completed by Dept. Chair and Advisor Part B: To be completed by Dept. Chair and Advisor Dept. Chair and Advisor Dept. Chair and Advisor Dept. Chair and Advisor													Dept. Chair			
(e.g. HIST)	(e.g. 399)		(e.g. Special Topics)		our	s Substitution (S): Pr	Substitution (S): Prefix &		in Degree Works		Approv		Approval			
						Course Number,	CRN	(e.g. 0	Gen Ed or I	n Ed or Major block)						
SECTION C: TO) BE COMPLETED	BY DEAN'S OF	FICE													
Students studyi	ng away with Sar	nford partner,	exchange, or affiliate program mus	st secure sigr	ned	approval from their school Dear										
Dean (Print Nan	ne)			Dean	Sigi	nature				Date						
			REPRESENTATIVE													
			tner, exchange, or affiliate program Stop Advisor must sign below.	n must meet	With	n a representative from the Offi	ce of Stud	dent Financia	il Services (Oi	ne Stop) to determi	ne the availabi	lity of fina	ancial aid			
One Stop Adviso	or (Print Name)			Stop	Advisor Signature	Date	Date									
	KNOWLEDGMEN [®]															
I have carefully have completed		stand the infor	mation on this form. I further unde	erstand that i	t is r	my responsibility to request, fro	m the par	rtner institut	ion, that it se	end an official trans	cript to Samfor	d Univers	sity after I			
•																

Student Signature Date