State University of New York Upstate Medical University

Study Abroad Contract for International Programs

Name:		
First	Middle	Last
College/Program:		
Contact Information: Phone:	E-mail:	
Dates of Travel:	Returning on:/	
Destination Country:		
Study Abroad Program Name:		
Are you seeking academic credit for	or this experience?	

To the Student: As a necessary precaution to protect the State of New York, the State University of New York and Upstate Medical University. As part of the Study Abroad Contract, we ask that you read carefully and indicate with your checkmark and signature that you understand and have complied with the following requirements for International Travel.

I certify that I have completed all of the requirements outlined in the International Travel Policy & Procedures Checklist. I have attached the completed checklist with this contract.

Participant Signature	Date	
Assistant Registrar/International Student Advisor (or Faculty Designee)	Date	