

Framingham State College
Office of International Education
STUDY AWAY INTEREST SHEET

Name: _____ FSC ID _____ Date _____

E-mail: _____ Phone: _____

Campus or Local Address: _____

Country of Citizenship _____ Do you have special needs that might affect your study away? _____

If yes, please explain _____
This will help advise you on appropriate program choices.

I. ACADEMIC INFORMATION

Year of Graduation _____ FSC Adviser: _____ Current GPA: _____

(Intended) Major(s): _____ (Intended) Minor(s): _____

Are you, or have you been, on Academic Probation? _____ If yes, explain _____
Students lose their eligibility to study away if they incur academic probation in the term prior to departure.

Do you have any disciplinary censures on your record? _____
If yes, please be prepared to address this on your study away application.

Are you a transfer student? _____ Do you receive any financial aid? _____

Please list foreign languages you have studied and level of coursework _____

II. STUDY AWAY PLANS

Study Away Semester of Interest (Circle Only One):

Full Academic Year Fall semester Spring semester Summer

Please list the approved programs/countries that you are considering.

Program/Country

I acknowledge that I have met with the director of international education or attended a study away information session and have been informed of the requirements and timeline for study away, application procedures, and the transfer credit process for studying away. In addition, I agree to abide by the policies and procedures outlined in the Guidelines for Study Away and the FSC Handbook.

Signature

Date