

Columbia University Department of Italian

Study Abroad Approval Form

Please fill out the following form and return it to the CC/GSAS/CSGS along with a copy of your course syllabus¹. Please submit one study abroad form with each syllabus (one per course). Leave sections at bottom in *italics* blank.

First name: _____ Last name: _____

Student ID: _____ UNI: _____

Year: _____

School: _____

Course:

Title of Course: _____

Where Taken: _____

When Taken: _____

Taught by: _____

Type of course (lecture, seminar, etc): _____

(*Please make sure a copy of the syllabus is included with this form)

Signature of Student: _____ Date: _____

Comments from DUS: _____ Date: _____

Signature of DUS: _____ Date: _____

¹ Do not turn in the originals of the syllabi or submit papers and other supporting documentation.