Baruch COLLEGE
The City University of New York

Study Abroad Office
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CERTIFICATE OF ATTENDANCE

As a study abroad student, you are required to provide the Baruch College Registrar's Office with verification that you are actually enrolled in courses at the host institution that you have been approved to take for Baruch College credit, and also that you are eligible to take the course(s) in which they are enrolled, which means that they fulfill all the prerequisites of the **approved Baruch course equivalency**. Thus every Baruch study abroad student must ensure that a completed **Certificate of Attendance** is submitted to the Study Abroad Office.

You should complete the information requested in **Part A** about the course(s) you are currently taking abroad, and then give the Certificate to an official from the host university and/or study abroad program provider. This official should complete **Part B,** verifying the accuracy of the information you have submitted about the host institution course(s), and then sign and stamp the form and return it to the Study Abroad Office via fax or as a scanned e-mail attachment. **Please note:** The Study Abroad Office must receive your completed Certificate of Attendance from the host institution official according to the following schedule:

January Intersession or Summer Session programs:	**1 week** after the beginning of the program
Semester Programs	**2 weeks** after the beginning of the program/semester

Failure to submit your Certificate of Attendance by the deadline may result in your losing academic credit for the course(s) you take abroad.

PART A: To be completed by Baruch Study Abroad student:

Name:: _____ _____ _____
Last Name First Name Signature

Program/Institution: _____ Term: _____ Year 20____

	Host University Course(s)		Baruch College Equivalent(s)				
	Number	Course Title (use abbreviations if title is long)	Dept.	Number	Credits	Equivalent Approved	Approval requested
1						○	○
2						○	○
3						○	○
4						○	○
5						○	○
6						○	○

PART B: To be completed by host University/Study Abroad Program Official:

Date program/semester begins: _____

□ I affirm that to the best of my knowledge the student is enrolled at my institution for the program specified above and is officially registered at my institution for course(s) listed above. **If the student is enrolled for a semester,** he/she must be enrolled in courses equivalent to a minimum of **12 Baruch College credits**.

Name (please print) _____

Title _____

College/University/Study Abroad Program _____

Signature _____ Date _____

If you have any questions, please contact Dr. Richard Mitten at richard.mitten@baruch.cuny.edu. Please send the completed form to Dr. Mitten via fax or as a scanned PDF email attachment. Thank you very much for your assistance.