Study Abroad Office
Weissman Center for International Business
One Bernard Baruch Way, Box J-0810
New York, NY 10010
Phone:+1 646 312 2076 Fax: +1 646 312 2071
e-mail: study.abroad@baruch.cuny.edu

Conditional ("Blanket") Permit Form

Last Name	First Name	Middle Name(s)

Last 4 digits of SSN:	Program/Institution:
XXX – XX --	

☐ Fall Semester ☐ Spring Semester 201__

I understand and acknowledge that I have received **conditional** ("blanket") permission to study at _____ during the _____ semester _____.

I acknowledge further that while studying at _____ during the _____ semester _____, I must maintain full-time status as a Baruch College Student. Specifically, this means that I must enroll for a minimum of 12 credit hours in courses that will translate back as Baruch College credits.

I understand that this blanket permit is temporary and conditional, and acknowledge that I am obligated to provide the Study Abroad Office at Baruch immediately after classes begin with the syllabi of the courses I enroll in at _____, along with suggested Baruch College course equivalents drawn from the Baruch College Bulletin. These materials will be reviewed by the appropriate Baruch academic departments to determine whether or not Baruch College credit will be awarded. I acknowledge further that failure to provide these materials in a timely manner to the Study Abroad Office could result in not receiving Baruch College credit.

I understand that not maintaining full-time status (carrying a minimum of 12 credits towards a Baruch degree) will have an adverse impact on my financial aid.

_____ _____

Signature Date