



SIMMONS COLLEGE
Office of the Registrar ♦ 300 The Fenway, Boston MA 02115
PETITION TO STUDY ABROAD

Please check one: Undergraduate Graduate Student

Student name _____ Simmons ID _____
 Program name _____ University _____
 City _____ Country _____
 Semester start date _____ Semester end date _____

To request that a course fulfill a Mode of Inquiry, indicate the Mode number and attach a course description. To request that a course fulfill a requirement for your major or your language proficiency, please ask the Department Chair to sign next to the course title and indicate the requirement it fulfills.

Course title	# Credits	Mode/ Key Content Area	Equivalent course in major/ language	Major advisor/ Modern Lang Dept signature

If you wish to inquire about transfer credit for additional courses through your Study Abroad program, please contact transfercredit@simmons.edu. The number of credits awarded is at the discretion of Simmons College. Credit for courses will be transferred in after receipt of your official transcript.

All communication while you are abroad will be sent to your Simmons email address.

Please initial that you have updated your emergency contact information in Studio Abroad and AARC.

Student signature: _____
Adviser signature: _____
Office of International Programs approval: _____
Office of the Registrar approval: _____