

Lougheed

Center for Applied Learning

EXPLORE EXPERIENCE REFLECT BECOME

Home Campus Disclosure

Student Name: _____

Study Abroad Program: _____

All students applying to study on a SUNY Potsdam program are required to discuss their plans to study abroad with their home campus study abroad office staff (if one exists).

This form is meant for you to acknowledge that a student from your campus has applied to study abroad through SUNY Potsdam.

If you have any reservations about the qualifications of this student to study abroad, please contact the SUNY Potsdam Lougheed Center for Applied Learning office directly. Otherwise, please sign and date the statement below:

I am aware this student is applying to study abroad through SUNY Potsdam

Your name: _____

Title/Department: _____

University: _____

Signature: _____ Date: _____

Once this form has been signed, please return to the Lougheed Center for Applied Learning via email or mail to or upload to our [secure site](#):

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