

Approval Form to Study Abroad with LIU Global
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LAST NAME, FIRST NAME, STUDENT ID #			EMAIL ADDRESS				
STREET ADDRESS		APT	PHONE #				
CITY/TOWN	STATE	ZIP	CURRENT PROGRAM/PLAN (major field of study)				
# CREDITS COMPLET	ED # CREDITS IN-PRO	OGRESS	GPA	DATE OF	BIRTH	GENI	DER
LIU Brooklyn University	LIU Post Student Health & Counseling Center Signature						
Honors Department Sig	HEOP Department Signature (if applicable)						
SEMESTER(S) of ENF	ROLLMENT: Fall 20_		☐ Spring 20)			
☐ Asia-	Pacific ☐ Australia	1	□ China	□ Costa F	₹ica	□ Europe	
	te your Skype name in the sp propriate one			mitting this forn	n. If you do n	not have a Skyp	e name,
I give LIU Global permi	ssion to share my phone nun	nber, Skype	e name & e-ma	ail address with	ı fellow stude	ents. □ Yes	□ No
☐ I understand I will b	e registered as a full-time stu	ıdent					
	ng students' financial aid is tr		to their study	ahroad semes	ster or acade	mic vear	
LIU POST HEALTH FO history & health evalua	DRM(S): Complete immunization (only LIU Post resident so://www.liu.edu/CWPost/Stud	tion history tudents & a	, meningococo athletes) forms	al meningitis v must be on file	raccination re e at LIU Post	esponse, report	
LIU BROOKLYN MMR http://liu.edu/Brooklyn/s	FORM(S) should be on file vertices.	vith the Uni	iversity Health	& Medical Ser	vices Office	(UHMS):	
	es must gain faculty/departme d will be computed into the st ents are listed below:						
LIU Global Course	LIU Brooklyn / LIU Post Course		LIU Global C	ourse LI	U Brooklyn / L	IU Post Course	
LIU Global Course	LIU Brooklyn / LIU Post Course	<u> </u>	LIU Global Co	ourse LII	U Brooklyn / L	IU Post Course	
LIU Global Course	LIU Brooklyn / LIU Post Course	<u> </u>	LIU Global Co	ourse LII	U Brooklyn / L	IU Post Course	
STUDENT'S SIGNATURE DATE		DEPARTMENT CHAIR and/or ADVISOR SIGNATURE DATE					