



## ACADEMIC NEED VERIFICATION FORM

Syracuse Abroad strives to accommodate all students' course selections. However, our course enrollments are limited for reasons of pedagogy, physical space and/or instructor availability; therefore, we cannot always meet demand. When demand is higher than the enrollment limit, we prioritize students on the Wait List. Some of the criteria we consider are class level, a student's declared major or minor, and how a course may count toward degree requirements. Our objective is to ensure, to the extent possible, that students with a true academic need for a particular Syracuse Abroad center course will be able to enroll in that course.

You should use this form to provide documentation from your home college **ONLY** if you must enroll in a Syracuse overseas center course in order to graduate on schedule **AND** have no other course options.

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### STUDENT COMPLETES THIS SECTION

Please complete the following:

Student name: \_\_\_\_\_

Number and title of Syracuse Florence course needed during semester abroad: \_\_\_\_\_

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### SCHOOL OFFICIAL COMPLETES THIS SECTION

**IMPORTANT:** This must be completed by a **faculty or staff member** who is familiar with all of your remaining degree requirements. For matriculated SU students, this would typically be your home college academic advisor or recorder.

1) State below the **specific requirement** this course fulfills for this student:

2) While you may not have detailed information about our [other course offerings](#), please **explain below** whether this requirement could possibly be met by another course (examples include a course within the same department, another studio course, any upper-level humanities course):

3) If no other course can meet this specific requirement, will this student be able to graduate on schedule if the student cannot take this course while studying at the SU Florence Center? (check one)    ☐ **Yes**    ☐ **No**

**School Official must sign below and return this form to our office** by scanning and emailing to Jeanne Chu at [jechu100@syr.edu](mailto:jechu100@syr.edu), or by faxing to Jeanne Chu at 1-315-443-2971. *We thank you for your assistance.*

\_\_\_\_\_  
Signature of School Official  
(For most SU students, this should be your Home College Recorder or Academic Advisor.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address