PERMISSION FORM FOR COMPLETING DEGREE REQUIREMENTS ELSEWHERE

SIENA POLICY REQUIRES DAY STUDENTS TO BE FULL-TIME DURING THEIR SENIOR YEAR AT SIENA. EXCEPTIONS ARE MADE ONLY IN UNUSUAL CIRCUMSTANCES.

SID #	_ Last Name	First Name	
School	Major		
Anticipated Degree Comp	oletion Date:		
Institution where requiren	nents will be complete	ed:	
Reason:			
Required Signatures:			
School Authorization		Date	
Academic Affairs Authoriz	zation	Date	
After obtaining the require Siena:	ed signatures, please	proceed as follows to be eligible to rece	eive your degree from
		f your final semester of attendance at	
	ith your School for per	mission to transfer the courses necess	
four-year institution.		e an upper level (300 and above) cours	
Registrar's Office.	•	nplete a degree application. This form i	
4. Upon completion of ea office.	ch semester away, ar	range to have an official transcript sent	to Siena's Registrar's
		on and be eligible to participate in comin's Registrar's Office 5 days prior to the	
Student's signature		 Date	
DISTRIBITION:			

ORIGINAL: REGISTRAR'S OFFICE

COPY: ACADEMIC AFFAIRS OFFICE, SCHOOL OFFICE, STUDENT