DECLARATION OF ACADEMIC LEAVE OF ABSENCE FOR OFF-CAMPUS STUDY

OFFICE USE: Amended	
Cancelled	

INSTRUCTIONS: COMPLETE BOTH PAGES OF THIS FORM USE BLACK OR BLUE PEN ONLY

PRINT LEGIBLY

Student Name:		Student ID#		
Last, First &M.I.				
Home Mailing Address:				
Street	Cit	ty State Zip		
Class Year Concent	tration	Study Abroad GPA		
PLEASE COMPLETE <u>ONE</u> C	OF THE BOXES BELOW:			
1. DURATION OF LEAVE: O	NE SEMESTER ONLY			
LOCATION:				
City&	University			
Country	&Program			
(Example: London,	England) (Example: Butler / Kings College)		
FALL SEMESTER LEAVE:	<u>OR</u>	SPRING SEMESTER LEAVE:		
Begin Leave in Fall 20		Begin Leave in Spring 20		
Expected Return in Spring 20_		Expected Return in Fall 20		
L				
2. DURATION OF LEAVE: TY	WO SEMESTERS - FULL-YEAR PF	ROGRAM		
LOCATION:				
City&	University			
Country	&Program			
(Example: London,	England) (A	Example: London School of Economics)		
Begin Leave in Fall 20	Expecte	ed Return in Fall 20		
3. DURATION OF LEAVE: TV	VO SEMESTERS - TWO DIFFEREN	NT PROGRAMS		
FIRST SEMESTER LOCATION				
City&	University			
Country	&Program			
(Example: London,	England) (.	(Example: Butler / Kings College)		
Begin Leave in	20			
SECOND SEMESTER LOCAT	TION:			
City&	University			
Country	&Program			
(Example: Madrid,	Spain) (Example: Hamilton's Academic Year in Spain)		
	20 Expecte	ed Return in20		
(FALL or SPRING)		(FALL or SPRING)		

OBTAIN THE SIGNATURE OF YOUR CONCENTRATION ADVISOR \underline{OR} THE CHAIR OF YOUR PROPOSED CONCENTRATION:

CONCENTRATION ADVISOR Please confirm that the student has discussed his/her plans following: • Eligibility for off-campus study • Academic preparation for such study • Academic requirements • Concentration requirements	or off-campus study with you and has considered the
Signature of Advisor	Date
CHAIR OF DEPARTMENT OF PROPOSED CONCE	
Please confirm that the student has discussed his/her plans f following: • Eligibility for off-campus study • Academic preparation for such study • Academic requirements • Concentration requirements	or off-campus study with you and has considered the
Signature of Chair	Date
<u>PRINT</u> AND <u>ATTACH</u> YOUR "PROGRAM EVALUAT	TION" FROM WEB ADVISOR
tudent Signature	Date
OFFICE USE:	
Signature Assoc. Dean (Off-Campus Study) / Assoc. Dean (Ac	pademic) Date
Business Office Chief Accountant Inititals Date	Student Billing Initials Date
Copies to: 1. Financial Aid 2. Billing 3. Registrar's Office 4	. Academic Advisor