

DECLARATION OF ACADEMIC LEAVE OF ABSENCE FOR OFF-CAMPUS STUDY

**INSTRUCTIONS: COMPLETE BOTH PAGES OF THIS FORM
USE BLACK OR BLUE PEN ONLY
PRINT LEGIBLY
RETURN FORM TO OFFICE OF OFF CAMPUS STUDY**

Student Name: _____ Student ID# _____
Last, First & M.I.

Home Mailing Address: _____
Street City State Zip

Class Year _____ Concentration _____

PLEASE COMPLETE ONE OF THE BOXES BELOW:

1. DURATION OF LEAVE: ONE SEMESTER ONLY

<u>LOCATION:</u> City & Country _____ <i>(Example: London, England)</i>		University & Program _____ <i>(Example: Butler / Kings College)</i>
<u>FALL SEMESTER LEAVE:</u> Begin Leave in Fall 20 _____ Expected Return in Spring 20 _____	<u>OR</u>	<u>SPRING SEMESTER LEAVE:</u> Begin Leave in Spring 20 _____ Expected Return in Fall 20 _____

2. DURATION OF LEAVE: TWO SEMESTERS - FULL-YEAR PROGRAM

<u>LOCATION:</u> City & Country _____ <i>(Example: London, England)</i>		University & Program _____ <i>(Example: London School of Economics)</i>
Begin Leave in Fall 20 _____		Expected Return in Fall 20 _____

3. DURATION OF LEAVE: TWO SEMESTERS - TWO DIFFERENT PROGRAMS

<u>FIRST SEMESTER LOCATION:</u> City & Country _____ <i>(Example: London, England)</i>		University & Program _____ <i>(Example: Butler / Kings College)</i>
Begin Leave in _____ 20 _____ <i>(FALL or SPRING)</i>		
<u>SECOND SEMESTER LOCATION:</u> City & Country _____ <i>(Example: Madrid, Spain)</i>		University & Program _____ <i>(Example: Hamilton's Academic Year in Spain)</i>
Begin Leave in _____ 20 _____ <i>(FALL or SPRING)</i>		Expected Return in _____ 20 _____ <i>(FALL or SPRING)</i>

OBTAIN THE SIGNATURE OF YOUR CONCENTRATION ADVISOR OR THE CHAIR OF YOUR PROPOSED CONCENTRATION:

CONCENTRATION ADVISOR or CHAIR

Please confirm that the student has discussed his/her plans for off-campus study with you and has considered the following:

- Eligibility for off-campus study
- Academic preparation for such study
- Academic requirements
- Concentration requirements

Signature of Advisor or Chair

Date

OBTAIN THE SIGNATURE OF YOUR OFF CAMPUS STUDY ADVISOR

OFF CAMPUS STUDY ABROAD ADVISOR

Please confirm that the student has completed the following graduation requirements:

Study Abroad GPA _____ QSR _____ WI _____ PE _____

Acknowledgement of One Incomplete Requirement Form: (If Needed) Complete _____

JP _____ Transfer Credits _____

Comments _____

Signature of Off Campus Study Abroad Advisor

Date

OFFICE USE:

Signature, Assoc. Dean of Students for Academics

Date

STUDENT: PRINT AND ATTACH YOUR "PROGRAM EVALUATION" FROM WEB ADVISOR

Student Signature

Date