

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

STUDENT: PRINT AND ATTACH YOUR “PROGRAM EVALUATION” FROM WEB ADVISOR

Student Signature

Date

OFFICE USE ONLY:

OFF CAMPUS STUDY ABROAD

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 Assistant Dean/Assistant Director of Off-Campus Study

Date

OFFICE USE:

Signature, Assoc. Dean of Students for Academics

Date