

DECLARATION OF ACADEMIC LEAVE OF ABSENCE FOR OFF-CAMPUS STUDY

INSTRUCTIONS: Complete both sides of this form using blue or black ink. Legibly print all information.
Return the completed form to the **Office of Off Campus Study- CJ 105.**

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

Home Mailing Address: _____
Street City State Zip

Class Year _____ Concentration(s) _____

Please complete one box below.

1. DURATION OF LEAVE: ONE SEMESTER ONLY

<u>LOCATION:</u>		
City & Country _____ <i>(Example: London, England)</i>	University & Program Provider _____ <i>(Example: IFSA-Butler / Kings College)</i>	
<u>FALL SEMESTER LEAVE:</u>	<u>OR</u>	<u>SPRING SEMESTER LEAVE:</u>
Begin Leave in Fall 20 _____		Begin Leave in Spring 20 _____
Expected Return 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 Provider _____ <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 Provider _____ <i>(Example: Arcadia University / Trinity College)</i>
Begin Leave in _____ 20 _____ <i>(FALL or SPRING) (YY)</i>	
<u>SECOND SEMESTER LOCATION:</u>	
City & Country _____ <i>(Example: Madrid, Spain)</i>	University & Program Provider _____ <i>(Example: Hamilton's Academic Year in Spain)</i>
Begin Leave in _____ 20 _____ <i>(FALL or SPRING) (YY)</i>	Expected Return in _____ 20 _____ <i>(FALL or SPRING) (YY)</i>

**Obtain the signature of your concentration Advisor/s or the Chair of your proposed concentration/s.
(Note- Dual-majors must obtain signatures from both Advisors/Chairs.)**

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 requirements
- Academic preparation for such study
- Concentration requirements

Signature of Advisor or Chair (Initial Concentration Advisor)

Date

Signature of Advisor or Chair (2nd Concentration Advisor, if applicable)

Date

Print and attach your 'Program Evaluation' from Web Advisor.

Student Signature

Date

IMPORTANT- Return this completed form to the Office of Off Campus Study (CJ 105).

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