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

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>City &amp; Country</th>
<th>University &amp; Program Provider</th>
<th>(Example: London, England)</th>
<th>(Example: IFSA-Butler / Kings College)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FALL SEMESTER LEAVE:</td>
<td>Begin Leave in Fall 20_______</td>
<td>Expected Return in Spring 20_______</td>
<td>OR</td>
<td>SPRING SEMESTER LEAVE:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>City &amp; Country</th>
<th>University &amp; Program Provider</th>
<th>(Example: London, England)</th>
<th>(Example: London School of Economics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Leave in Fall 20_______</td>
<td>Expected Return in Fall 20_______</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FIRST SEMESTER LOCATION:</th>
<th>City &amp; Country</th>
<th>University &amp; Program Provider</th>
<th>(Example: London, England)</th>
<th>(Example: Arcadia University / Trinity College)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Leave in _________</td>
<td>20_______</td>
<td>(FALL or SPRING)</td>
<td>(YY)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECOND SEMESTER LOCATION:</th>
<th>City &amp; Country</th>
<th>University &amp; Program Provider</th>
<th>(Example: Madrid, Spain)</th>
<th>(Example: Hamilton’s Academic Year in Spain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Leave in _________</td>
<td>20_______</td>
<td>Expected Return in _________</td>
<td>20_______</td>
<td>(FALL or SPRING)</td>
</tr>
</tbody>
</table>
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

Rev. 11/2017