HOOD COLLEGE
PETITION TO STUDY AWAY / STUDY ABROAD

NAME: _____ **ID #**_____ **CLASS:** _____
Last **First** **Middle**

MAJOR(S):_____ **EXPECTED GRAD DATE:**_____

STUDENT SIGNATURE: _____ **DATE:** _____

[ ] Study Away-USA Fall_____(yr) Attending_____ #Crs Planned_____

[ ] Study Abroad Spr _____(yr) Attending_____# Crs Planned_____

COUNTRY_____

Sem/Yr you expect to return to Hood _____ **Status upon return:** 1. [ ] Full-time [ ] Part-time
2. [ ] Resident [ ] Commuter

Financial Aid_____

Complete the following section, listing and receiving approval for all courses for which you <u>may</u> possibly register

Other Institution Course #	Course Title	*Hood Course Equivalent	Credits	*Elective=E Major=M Core=C	Department Chair Approval

*Chair or Registrar completes these sections.

Please state the reason for your request:_____

_____

Total credits previously transferred: _____ **Will the study away be part of the final 30-hrs?** _____

APPROVAL/SIGNATURES REQUIRED:

Adviser _____ **Registrar**_____

STUDY ABROAD ONLY: Kate Emory, Director of Study Abroad Program_____

White – Registrar, Yellow – Student, Pink – Adviser
Copies to Financial Aid, Residence Life