

**HOOD COLLEGE
PETITION TO STUDY AWAY / STUDY ABROAD**

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

MAJOR(S): _____ EXPECTED GRAD DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

| | | | | | |
|---|----------------------|---------------------------------------|--|--------------------|--|
| <input type="checkbox"/> Study Away-USA | | <input type="checkbox"/> Study Abroad | | COUNTRY _____ | |
| Fall _____ | (yr) Attending _____ | | | #Crs Planned _____ | |
| Spr _____ | (yr) Attending _____ | | | #Crs Planned _____ | |
| Summer (study abroad only) _____ | (yr) Attending _____ | | | #Crs Planned _____ | |
| Sem/Yr you expect to return to Hood _____ | | | Status upon return: 1. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | |
| | | | 2. <input type="checkbox"/> Resident <input type="checkbox"/> Commuter | | |
| Financial Aid _____ | | | | | |

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

| Other Institution Course # | Course Title | *Hood Course Equivalent | Credits | *Elective=E Major=M Core=C | Department Chair Approval |
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*Chair or Registrar completes these sections.

NOTE: An approved semester or year abroad fulfills the Methods of Inquiry/Global Perspectives area of the core.

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|---|--|
| 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 _____ |
| Director of Study Abroad Program – Dr. Scott Pincikowski TA 220 x3475 _____ | |

SOE _____ NOTE: Grades received through Hood-affiliated semester or year abroad programs are calculated in the Hood gpa. Students participating in a non-Hood affiliated semester or year abroad/away will earn transfer credit only for all courses completed with a grade of C- or above.

White – Registrar, Yellow – Student, Pink – Adviser; Copies to Financial Aid, Residence Life, Study Abroad Office