STUDY ABROAD PETITION FORM
TO
CHANGE PROGRAM OF STUDY
Office of International Programs

STUDENT INFORMATION

Name: ____________________________ Vassar ID# ____________________________

Last First

Campus Box Number: ____________________________ Campus/Local Telephone: ____________________________

Cell Phone: ____________________________ E-mail: ____________________________

Class Year ___________ Major(s) ____________________________ Correlate(s) ____________________________

PROGRAM INFORMATION

Approved Study Away Term/Year________________________

Proposed Program Name: ____________________________

Country: ____________________________ Language of instruction for the program: ____________________________

Why do you wish to petition to change your program of study? Please explain how this change would better suit your academic goals:

List the courses you intend to take while on the program (or subjects of study you wish to pursue if courses are not available):
FACULTY ADVISOR RECOMMENDATION

I have reviewed this petition and wish to support the request of ___________________________ to change the proposed program of study away. This change will not have a negative impact on the student’s ability to complete his/her major or graduation requirements on time.

Please use the space provide below for any additional comments:

Adviser’s Name and Title: ___________________________________________ Phone: __________________________

Signature: ___________________________________________ Date: __________________________