STUDY ABROAD PETITION FORM
TO
CHANGE TERM 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 Change in Study Away Term/Year: ____________________________

Program Name: __________________________________________

Country: __________________________ Language of instruction for the program: ____________________________

Why do you wish to petition to change your term 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 term 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: ______________________________________