STUDY ABROAD PETITION FORM

NON-APPROVED PROGRAM

Office of International Programs

Students who want to enroll in a study away program not on Vassar’s Approved Study Abroad List may petition the Committee on Leaves and Privileges by completing this form and submitting it to the Office of International Programs. All petitions must be received by the study away application deadline; negative decisions may be appealed in writing to the Director of International Programs. Note that all petitioners are required to have a back-up program from Vassar’s Approved List. Students whose petitions are granted are responsible for applying directly to their program(s). Note that this form is for international study only. Students wishing to take courses at other U.S. colleges or universities should contact the Dean of Studies Office.

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

Proposed Study Away Term/Year: ___________

Program Name: ___________________________

City and Country: ___________________________

Language of instruction for the program: ___________________________

IMPORTANT: Please attach a program brochure or other information you have about the program

Why do you wish to petition to participate on this program? Please explain how this program is a better fit for your academic goals than existing approved programs:

__________________________

__________________________

__________________________

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

Please list a back-up program from Vassar’s Approved Study Away List: ______________________________________________

FACULTY ADVISOR APPROVAL

I have reviewed this petition and wish to support the request of ________________________________ (Student’s name) to apply to a program of study abroad that is not currently on Vassar’s list of approved programs. I consider the student to be capable of completing the course of study described above and approve of his/her participation on this program.

Adviser’s Name and Title: ________________________________ Phone: ___________________________
Signature: ________________________________ Date: ________________________________

Please note: In the event that the Committee on Leaves and Privileges needs additional information to make an informed decision about your request, we may contact you to provide this. Thank you!