Application for an Academic Leave of Absence

Complete this application **ONLY** if you are applying to the **Washington Semester Program**, **Semester in Environmental Science Program**, or another **accredited U.S. institution** or program, not affiliated with Mount Holyoke. This form is <u>not</u> for study abroad programs.

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MHC Email: South Hadley, Phone: 413 Fay: 413	mic Deans ege Street MA 01075 -538-2855 -538-2584 olyoke.edu
Class Year: MHC Email: Major: Phone: 413 Fax: 413 www.mthc Please check below if you are applying to one of the following Mount Holyoke affiliated programs. Please note that students who apply to these programs, and receive MHC aid, are eligible to apply for a Laurel Fellowship for Off-Campus Study. You must submit a copy of this com application, along with the Laurel Fellowship application, by the deadline defined by the McCulloch Center for Global Initiatives. Washington Semester Program Semester: Academic Year: Please check this box if you are applying for a Laurel Fellowship for Off-Campus Study.	ege Street MA 01075 538-2855 538-2584 olyoke.edu
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Semester in Environmental Science Program at MBL (fall semester only) Academic Year: Please check this box if you are applying for a Laurel Fellowship for Off-Campus Study.	
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If applicable, list the accredited U.S. institution(s) or program(s) that are not affiliated with Mount Holyoke, to which you are applying, as well as	
	the
duration of time you wish to study there (example: fall 2011 or 2011-2012 AY).	
First Choice Duration of leave:	
Second Choice Duration of leave:	
Third Choice Duration of leave:	
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to apply toward your major and indicate which requirement(s) any other courses may fulfill. NOTE: Courses that are to satisfy College requirements (e.g. distribution) or requirements for the major MUST be approved individually by the appropriate department(s); forms are available from the Registrar's Office, Mary Lyon Hall, Room 6. If you are applying to more than one program or institution, please attach additional sheet(s), indicating your tentative plan of study for each. Approval of the study plan does not in itself constitute approval of specific courses. **Fall Semester Spring Semester** List all requirements (including distribution, major, minor, PE, etc.) to be completed upon return to Mount Holyoke. **Student Signature** I have carefully reviewed my degree requirements with my major advisor or the chair of my prospective major department, the registrar, and my class dean. I understand that permission for an academic leave does not ensure admission to another institution and that I must file the necessary application as a visiting student to the college or university concerned, and receive its favorable decision. I also must finish the preceding semester's work at Mount Holyoke and have a 2.70 cumulative grade point average. Student Signature **Approval of Major Advisor** Signature of major advisor (or, for sophomores, chair of major or prospective major department) indicates that you have discussed your plans and that it

List all courses you plan to take during your year or semester away from Mount Holyoke. Be as specific as possible, given the information you have on course availability. This is a tentative plan of study, and we realize your actual course choices are likely to differ from it. Asterisk (*) course(s) you wish

Tentative Plan of Study

department chairs sign.

Advisor or Department Chair

Signature

Return completed forms to the Office of Academic Deans, Mary Lyon Hall

should be possible for you to complete the major upon your return to Mount Holyoke. Students planning to double major must have BOTH advisors/

Date