## Women's College Exchange Program Application for an Academic Leave

MOUNT OLYOKE.

Please submit this application, a faculty recommendation, resume, and official transcript to the Office of Academic Deans. Deadlines are as follows:

Mills College: February 1 for the fall semester, September 15 for the spring semester Snalman College: Enhruary 1 for either competer of the following academic year

Office of Academic Deans 300 Mary Lyon Hall (t) 413-538-2855 (f) 413-538-2584

	wish to attend	r of the following aca	demic year		
Semester	Academic Yea	ar			
Last Name First Name		st Name		Class Year	
Email*		Phone Number			
*Official notification	s about the status of your appl	ication will be sent to y	our MHC email a	ccount.	
Local Address			Permanent Address		
Major			Minor	1	
Faculty Advisor					
				is your responsibility to make the Registrar's Office, for suc	
Course Number	Course Title	Course to count toward major?	Course Number	Course Title	Course to countoward major?
			J		
If applicable, please	comment on possible altern	ate courses or if there	are any courses	which, if not offered, would p	revent your attending
List all requirement	s (including distribution, majo	or, minor, PE. etc) to b	e completed upo	on return to Mount Holyoke.	

Please state briefly (500 words or less) your reasons for wang your educational goals. You may attach an additional sheet	ting to take part in the Exchange Program. Be <u>specific</u> about how it will further t if necessary.
I hereby authorize the exchange of my educational records written request, copies of any materials exchanged.	between my home and host institutions. I understand that I may obtain, on
Student's Signature	
Advisor's Approval	
	ating that you have discussed your plans and that it should be possible for you ir return to Mount Holyoke. If you are planning to double major, you must
Advisor's Signature	Date