Petition for Study Abroad

Only use this form to request approval from Bard to study for credit for a semester or academic year outside of the United States. Students who do not receive approval before studying abroad will not receive credit at Bard College for courses taken abroad. Students must meet 1:1 with Bard’s Study Abroad Adviser before completing this form.

PLEASE SUBMIT COMPLETED FORM WITH ALL ATTACHMENTS TO STUDY ABROAD ADVISER.

NAME ___________________________________________ Bard ID # ____________
Bard E-mail ___________________________________ Non-Bard E-mail _______________________
Major(s) ___________________________________________ (circle if: Joint / Double)
Month/Year of Moderation(s) __________________________
Departing (circle): Fall/Spring 20______ Returning: Fall/Spring 20______ Requesting full year abroad? (circle) Yes / No

Please print below:
• Full name of proposed program (or name of foreign institution you propose to attend)
• Sponsoring U.S. provider/institution (if any)
• City and country of program/institution

If applying to multiple programs/institutions, please number them (giving full information for each).
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

PLEASE ATTACH THE FOLLOWING BEFORE REQUESTING ANY SIGNATURES:

1.) ONE/TWO-PAGE STATEMENT thoroughly answering/discussing the following:
   1. What are your reasons for wanting to study abroad?
   2. What is your rationale for choosing the program of study you’re pursuing? How will studying with/at this program/institution benefit you, academically and otherwise? (*Differentiate if applying for multiple programs.)
   3. How does studying abroad relate to your academic program of study? (*If you’re a joint/double major, be sure to speak to both areas of study and whether you’ll take coursework in both while abroad.)
   4. In what ways might studying abroad impact your work/studies at Bard upon your return?

2.) LIST OF COURSES you plan to take, including full titles (and course descriptions if possible).
   o If you intend to fulfill distribution and/or major requirements abroad, make this clear.
   o If the course list for your intended semester is not available, simply use the current course list.
   o If applying for multiple programs, include a separate set of courses for each

Please have your ACADEMIC ADVISOR comment on your plans, answering the following:
1. Do you approve of this student’s plan (or plans, if they’re applying for multiple programs/institutions abroad)?
2. How will studying away from Annandale on/at their chosen program/institution benefit this student?
3. Also note if you have any concerns, or if the student is required to take a specific course or its equivalent while abroad.

Academic Advisor’s Name (please print) __________________________________________
Signature ___________________________________________ Date ______________________
JOINT/DOUBLE majors, please have your SECOND ADVISOR comment, answering the following:
1. Do you approve of this student’s plan (or plans, if they’re applying for multiple programs/institutions abroad)?
2. How will studying away from Annandale on/at their chosen program/institution benefit this student?
3. Also note if you have any concerns, or if the student is required to take a specific course or its equivalent while abroad.

Academic Advisor’s Name (please print) ______________________________________________________
Signature ___________________________________________ Date _________________________

LANGUAGE FACULTY APPROVAL
For those proposing to study a foreign language, have a member of the relevant language program faculty comment on your proposed program of study.

NOTE TO LANGUAGE FACULTY: Please comment below on the language level of the student and their readiness to take their proposed language course(s) abroad:

Language Faculty Name (please print) ______________________________________________________
Language Faculty Signature __________________________________ Date _______________________

—SUBMIT TO STUDY ABROAD ADVISER FOR FOLLOWING SIGNATURES—

STUDY ABROAD ADVISER APPROVAL
• When this student’s semester/year abroad commences, s/he will have _____ Distribution Requirements left to fulfill.
• Current GPA: _________
• Notes:

Study Abroad Adviser Signature ___________________________ Date _______________________

DEAN OF STUDIES APPROVAL

Dean of Studies Signature _______________________________ Date _______________________