Bard College

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	g: Fall/Spring 20 Requesting full year ab	oroad? (circle) Yes / No
 Please print below: Full name of proposed program (or name o Sponsoring U.S. provider/institution (if any City and country of program/institution If applying to multiple programs/institutions, ple 		ch).

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).

- If you intend to fulfill distribution and/or major requirements abroad, make this clear.
- If the course list for your intended semester is not available, simply use the current course list.
- 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

JOINT/DOUBLE majors, please have your SECOND ADVISOR commee 1. Do you approve of this student's plan (or plans, if they're applying for multiple programs/ir 2. How will studying away from Annandale <i>on/at their chosen program/institution</i> benefit this 3. Also note if you have any concerns , or if the student is required to take a specific course of <i>a specific course</i> of <i>the student is required</i> to <i>take a specific course</i> of <i>the student is required</i> to <i>take a specific course</i> of <i>the student is required</i> to <i>take a specific course</i> of <i>the student is required</i> to <i>take a specific course</i> of <i>the student is required</i> to <i>take a specific course</i> of <i>the student is required</i> to <i>take a specific course</i> of <i>the student is required</i> to <i>take a specific course</i> of <i>the student is required to take a specific course</i> of <i>the student is required to take a specific course</i> of <i>the student is required to take a specific course</i> of <i>the student is required to take a specific course</i> of <i>the student is required to take a specific course</i> of <i>the student is required to take a specific course</i> of <i>the student is required to take a specific course</i> of <i>the student is required to take a specific course to</i>	stitutions 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 haveDis Current GPA: Notes: 	stribution Requirements left to fulfill.	
Study Abroad Adviser Signature	Date	
DEAN OF STUDIES APPROVAL		
DEAN OF STUDIES ATTROVAL		
Dean of Studies Signature	Date	