William & Mary Office of the University Regist Blow Memorial Hall Room 124 PO Box 8795 Williamsburg, VA 23187-8795 (757) 221-2800 Fax: (757) 22 registrar@wm.edu	4 <u>0</u>	P	ERMIS	SION		MESTIC STUDY AWAY L/SPRING SEMESTER	
form for the second term, if applicable. N and you must be in good standing, acader Step 3: When the program ends, request an offici.	<b>DEADLINE</b> sonian Semest <i>tudy Away for</i> to the Office of <b>OTE</b> : you m nically and jud al transcript bo	: Last Day of ter") at an acc m. Attach th of the Univer sust complete dicially, at W e sent to: W	of Classes for credited U.S e catalog de rsity Registra your final t 'illiam & Ma 'illiam & Ma	or the Preced . college or un scription of th ar <u>before the l</u> wo full-time s ury at the time ury; Office of	ing Term niversity that com e program and ea ast day of classes emesters toward e of approval and the University R	nplements your W&M program. the of its component courses. <u>for the preceding term</u> . Complete a separate graduation in residence at William & Mary,	
SECTION A: Student Information							
Student Name:			I.D.#:		Email:	@email.wm.edu	
Major(s):		_ Degree:_			_ Graduation [	Date:	
Street Address:							
City/State/Zip:						Phone #:	
SECTION B: Institution and Course Information Request permission to enroll in the program and courses listed below during: Year: □ Fall □ Spring							
Name of Institution:	Name of Institution: State:						
Name of Study Away Program:					NOTE: Mu	st be full-time (12 credit hours)	
MUST BE COMPLETED BY STU	DENT		***OFFICE USE ONLY***				
Subject, Course and Title	Cr Hrs	Hrs/wk	# Wks	CT Hrs	W & M Equiv.	W&M Approval	
Does your course of study involve an internship? Will W & M financial aid or student loan funds be used to finance this program? If yes, you must secure a Financial Aid Consortium agreement.							
Student's Signature			-		-	Date:	

SECTION C: Approvals – Obtain signatures in the order they appear here after Sections A and B are completed.

Student Success	(academic standing and student conduct certified)	Date
Dean of Undergraduate Studies	(authorizing program as acceptable for Domestic Study A	Date
University Registrar	(equivalent(s) determined; repeat policy and residence re	Date equirement certified)

OFFICE USE ONLY							
Form Received	Course Descriptions Sent to Dept for Approval						
Transcript Received	Credit Posted	Revised: <u>12</u> 6/2018					

I