**Off-Campus Study / Study Abroad Registration Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department / Program Academic Approval Form**

**Instructions to the Student:**

Please complete the worksheet below, or a comparable outline, with your plan to complete your major/s, before meeting with your chair or faculty liaison. Upload completed forms to the online registration portal.

Fall semester Winter semester Short Term

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| --- | --- | --- |
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|  |  |  |
|  |  |  |

First year

Soph. year

**Instructions to Department/Program Chair/Liaison**

Please confirm that you approve the plan of study as presented by the student as academically sound and supportive of the student’s major or other academic interests. Please note that this approval is for the time period noted by the student.

**□** I approve **□** I do not approve

Department/Program Chair Signature Date

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a double major:

**□** I approve **□** I do not approve

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program Chair Signature Date

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Junior

Senior year

Additional Comments, if any: