OFF-CAMPUS CHANGE OF STATUS REQUEST FORM

Please complete this form as soon as you are aware of any changes to your off-campus study plans. This includes a change in program, location, term, courses, etc. **If you have applied to more than one program**, this form must be completed as soon as you choose your final program. Until OCSE receives this form, you are not confirmed to study abroad. Use the reverse side for any changes in your proposed course of study. Changes in program location or a request for an extension require approval of the Committee on Academic Standing. **PLEASE TYPE OR PRINT CLEARLY.**

Name:_____ **Class Year:**_____

Phone:_____ **E-mail:** _____ **Advisor:**_____

Current off-campus study period: _____

Current off-campus program (Program Sponsor, Program Title, City, Country):

_____

MARK ALL THAT APPLY AND PROVIDE THE REQUESTED INFORMATION:

☐ **Decision of program participation:**
Name of program in which you will participate (include Program Sponsor, Program Title, City, Country):

_____

Name(s) of program from which you are withdrawing (include Program Sponsor, Program Title, City, Country):

_____

☐ **Change in term:** Requesting approval for _____ term of 20_____-_____ academic year.
** NOTE: Approval is contingent upon achieving minimum GPA of 3.0 for the current term.*

☐ **Termination of all study off-campus plans:**
Reason: [ ] Finances [ ] Course availability [ ] Major credit issues
[ ] Maturity level credit issues [ ] Medical reasons
[ ] Other (please explain)_____

☐ **Change in course selections for current program:**
Indicate new course selections on reverse side and **attach course descriptions**.

☐ **Request for change of program location** (Indicate Program Sponsor, Program Title, City, Country)**:**
New location: _____
You must include changes in course selections on reverse side and **attach course descriptions**.

☐ **Request for Extension of study off-campus plans:**
Program extension is requested for (give semester):_____
Indicate new course selections on reverse side and attach course descriptions.

☐ **Request for Extension to study in new location (if you are already off-campus)**
Program extension and new location (give location and semester):_____
** NOTE: Approval is contingent upon achieving minimum GPA of 3.0 for the current term.*

_____ _____
Student Signature Date

☐ *Please check this box and confirm that your contact and legal guardian information is the same as that on your original application. Attach new information with this form if applicable.*

ATTACH COURSE DESCRIPTIONS AS APPLICABLE AND SUBMIT FORM TO:
Skidmore College ~ Off-Campus Study & Exchanges
Starbuck Center 202 Fax: 1-518-580-5359 E-mail: ocse@skidmore.edu Web: www.skidmore.edu/ocse

For OCSE use only.
☐ Financial Coordinator ☐ Academic Advising ☐ Reported to Program Provider: _____
☐ Database date: _____ ☐ Student File(s) ☐ Reported to CAS: _____

Name:_____ Program:_____

Off-Campus Proposed Course of Study Form

Please report your intended off-campus course enrollment on this form. You must obtain approvals for all courses *except* those you expect to use as general electives. Please fill in the two (2) "To Be Completed By Student" columns of the **Course Approvals** chart below; the other three (3) columns are for faculty or the Registrar's Office only. Be sure that you discuss with your advisor how your course selections will affect your progress toward graduation.

You must enroll in a **full course of study** while off campus (generally **15 semester credits** and no more than 18). Course credit hours are determined by the host institution; Skidmore accepts transfer credits only as reported by the host institution.

If You Want To:	**Obtain Approval From:**
Fulfill major requirement(s)	Major Department Chair or Program Director
Fulfill minor requirement(s)	Minor Department Chair or Program Director
Fulfill breadth requirement(s)	Dept. Chair or Prog. Director in same discipline or Registrar
Fulfill Maturity-level requirement(s)	Department Chair or Program Director in same discipline
Enroll in any foreign language course(s) (i.e. grammar, literature)	Chair of Dept. of Foreign Languages & Literatures
Enroll in general elective course(s)	(signature not required)
Submit this form to OCSE	Your faculty advisor

COURSE APPROVALS

Course availability off campus may be limited, so be sure to include alternate course selections for approval.

TO BE COMPLETED BY STUDENT		**TO BE COMPLETED BY DEPARTMENT CHAIRS / PROGRAM DIRECTORS**		
Off-campus course title and number *(attach all course descriptions or syllabi)*	**Credits** *(per course description)*	**Skidmore equivalent course number**	**Counts for Maturity/300-level credit**	**Chair's or Director's Signature**
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

To be completed by applicant's FACULTY ADVISOR in major department: Please check the appropriate boxes.

- ❒ I am familiar with the applicant's academic progress and believe that his or her training and intellectual interests are such as to qualify the student to profit by participating in this study abroad program.
- ❒ I recommend the applicant with respect to character and maturity for admission to this study abroad program.

Comments: _____

_____

Faculty Advisor's Signature:_____ Date:_____