



# 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 you WILL participate in (Program Sponsor, Program Title, City, Country): \_\_\_\_\_

Name(s) of program you have decided NOT to participate in (Program Sponsor, Program Title, City, Country): \_\_\_\_\_

**Change in term:** Requesting approval for \_\_\_\_\_ term of \_\_\_\_\_ academic year.  
*\* Admin note: Approval for Spring 2010 contingent upon fall 2009 term GPA of 3.0 or above.*

**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): \_\_\_\_\_

*\* Admin note: Approval for Spring 2010 contingent upon fall 2009 term GPA of 3.0 or above.*

\_\_\_\_\_  
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 COURSE DESCRIPTIONS AS NECESSARY AND SUBMIT FORM TO:**

**Skidmore College ~ Off-Campus Study & Exchanges**

Starbuck Center 202 Tel: 1-518-580-5355 Email: ocse@skidmore.edu Web: www.skidmore.edu/ocse

For OCSE use only.

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|--|--|--|
| <input type="checkbox"/> Financial Coordinator | <input type="checkbox"/> Registrar Copy  | <input type="checkbox"/> Reported to Program Provider on _____ |
| <input type="checkbox"/> Database date _____   | <input type="checkbox"/> Student File(s) | <input type="checkbox"/> Reported to CAS on _____              |

