

**Hamilton College**  
**Petition for Study Abroad**  
**For the Committee on Academic Standing**

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Name \_\_\_\_\_ Student # \_\_\_\_\_

Class Year \_\_\_\_\_ Mail Box# \_\_\_\_\_

I request permission from the Committee on Academic Standing to be granted an exception to a Study Abroad regulation. My petition concerns the following regulations:

<input type="checkbox"/> GPA Requirement	<input type="checkbox"/> Program Not on Preferred List
<input type="checkbox"/> Disciplinary Points	<input type="checkbox"/> Missing 2 or More Graduation Eligibility Requirements
<input type="checkbox"/> Language Requirement	<input type="checkbox"/> Other _____

Indicate the Term(s) in which you intend to study abroad (e.g., Spring 2018): \_\_\_\_\_

Specify the program(s) abroad for which this petition applies including the following:

**Name of Program Provider (e.g., CIEE, Arcadia)** \_\_\_\_\_

**Name of Program (Global Health and Inequality in Ghana)** \_\_\_\_\_

**Dates of Program** \_\_\_\_\_

**University & Country of Study** \_\_\_\_\_

**Instructions:**

1. Please attach your formal letter of petition to this form.
2. Attach the Transfer Credit Petition form with appropriate signatures and attach copies of course syllabi.
3. If your request is due to medical or personal circumstances, you must attach appropriate documentation. All information provided will be kept confidential.
4. Ask your advisor, instructor, or other campus references to provide letters of reference that support your petition.

**All original documents pertaining to your petition must be submitted to the Office of Off-Campus Study. This includes your letters of support (which may be sent via e-mail to [cnorth@hamilton.edu](mailto:cnorth@hamilton.edu)). Off-Campus Study will review your petition, assemble all submitted documents, and provide a cover memorandum indicating recommended action.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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To be completed by the Chair of the Committee on Academic Standing:

Approved                       Denied                       Deferred

Conditions:

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

Associate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_