



The College of William and Mary  
 Office of the University Registrar  
 Blow Memorial Hall Room 124  
 PO Box 8795  
 Williamsburg, VA 23187-8795  
 (757) 221-2800 Fax: (757) 221-2151  
 registrar@wm.edu

# PERMISSION FOR DOMESTIC STUDY AWAY

## FALL/SPRING SEMESTER

**Use this form if you wish to enroll in a defined academic program at a U.S. institution as part of your W&M degree.**

**DEADLINE: Last Day of Classes for the Preceding Term**

- Step 1:** Identify a full-time program (e.g., "Smithsonian Semester") at an accredited U.S. college or university that complements your W&M program.
- Step 2:** Complete this *Permission for Domestic Study Away form*. Attach the catalog description of the program and each of its component courses. Obtain all required signatures and submit to the Office of the University Registrar before the last day of classes for the preceding term. Complete a separate form for the second term, if applicable. **NOTE:** you must complete your final two full-time semesters toward graduation in residence at William & Mary, and you must be in good standing, academically and judicially, at William and Mary at the time of approval and transfer of credit.
- Step 3:** When the program ends, request an official transcript be sent to: The College of William & Mary; Office of the University Registrar; P.O. Box 8795; Williamsburg, VA 23187-8795. **NOTE:** Only pre-approved courses with a grade of "C" (2.0) or higher will transfer. Courses taken elsewhere may not be used for major, GER, or proficiency requirements.

**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: \_\_\_\_\_ State: \_\_\_\_\_

Name of Study Away Program: \_\_\_\_\_ NOTE: Must be full-time (12 credit hours)

MUST BE COMPLETED BY STUDENT		***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?  Yes  No If yes, attach copy of your approved *Permission for Internship Credit Form*.

Will W & M financial aid or student loan funds be used to finance this program?  Yes  No  
 If yes, you must secure a Financial Aid Consortium agreement.

**I understand that I must follow the policies listed above and in the Undergraduate Catalog.**

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Dean of Students \_\_\_\_\_ Date \_\_\_\_\_  
 (academic standing and student conduct certified)

Dean of Undergraduate Studies \_\_\_\_\_ Date \_\_\_\_\_  
 (authorizing program as acceptable for Domestic Study Away)

University Registrar \_\_\_\_\_ Date \_\_\_\_\_  
 (equivalent(s) determined; repeat policy and residence requirement certified)

**OFFICE USE ONLY**

Form Received \_\_\_\_\_ Course Descriptions Sent to Dept for Approval \_\_\_\_\_

Transcript Received \_\_\_\_\_ Credit Posted \_\_\_\_\_

Revised: 6/2015