



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 _____