

ACADEMIC LEAVE
for the purpose of participating in a
NON-AFFILIATED OFF-CAMPUS PROGRAM
Petition to the Academic Standing Committee

INSTRUCTIONS: A student who wishes to participate in an off-campus study program not formally affiliated with Cornell College may use this form to request an *Academic Leave*. The rules governing off-campus programs are stated in the *Cornell College Catalogue* under "Off-Campus Programs, section IV." To participate in a Cornell-affiliated program (i.e. one listed in the *Catalogue*), please use the "Off-Campus Study Petition" available from the Registrar's Office.

Please complete the items below and submit this form along with a faculty recommendation from your academic advisor or other faculty member familiar with your academic interests and abilities. The recommendation(s) **MUST** be sent **directly** by the faculty member to the Academic Standing Committee in care of the Registrar. Please return this petition with your statement to the Registrar's Office by February 1 of the academic year preceding the start of the program.

1) Name _____ ID# _____

2) Campus Box _____ Campus Phone _____ Current Class (please circle): FR SO JR

3) Name of Program _____

4) Offered by (name of college, university, or sponsoring agency) _____

5) Address of college, university, or sponsoring agency _____

6) Academic Year _____ and Terms (circle) when you will be participating in the program:
1 2 3 4 5 6 7 8 9 summer.

7) Attach to this form a typed statement of purpose, c. 250 words, describing 1) the features of the program that are of special importance to you; 2) how the program relates to your Cornell studies; and 3) how the program relates to your general educational or career goals.

8) Signature of your Faculty Advisor _____ Date _____

- **Consult the Cornell Financial Assistance Office to determine if you would benefit from applying for a Consortium or Contractual Agreement.**
- **A Consortium/Contractual Agreement**, if approved by Cornell and the college, university, or agency sponsoring the program, enables Cornell to consider you to be enrolled while participating in the approved program, and permits us to provide you with federal or state financial assistance to which you may be entitled. (Cornell-funded scholarship and aid monies are **not** available to students participating in non-affiliated programs.) A Consortium Agreement may be approved for programs whose duration does not exceed one academic year.

9) I have met with this student and she/he **WILL** / **WILL NOT** be (circle one) applying for a consortium/contractual agreement.

Signature of the Director of Financial Assistance _____ Date _____

Do not write in the space below. For Committee use only.

_____ Approved _____ Denied _____ No Action

10) Signature of the Registrar _____ Date _____