BENNINGTON COLLEGE

Association of Vermont Independent Colleges
Semester Exchange Application

Application Deadlines: Please submit the completed application package to the Dean's Office by September 7 for the spring semester, or March 15 for the fall semester.

Checklist for completing the application:

- ❑ **Completed Personal Information Form**: Please be sure to include all of the requested contact information. Please provide the email address and phone number that you plan to use while abroad.
- ❑ **Exchange Application Essay**: Please attach to your application a typed statement describing as fully as possible your reasons for studying away. Please be specific about how the program you propose will enrich your academic curriculum at Bennington. How will it complement prior course work? Will your work away prepare you in any way for specific courses or projects you plan to pursue after returning to Bennington?
- ❑ **Proposed Course of Study Form**: Complete this form to the best of your ability and attach relevant course descriptions. Please bring it with you when you meet with the faculty members who will be signing your recommendation forms.
- ❑ **Two Plan Committee Member Recommendations**: Schedule meetings with the faculty members who will be filling out your recommendation forms. You will need to discuss with them the program and courses in which you plan to participate, as well as your general goals for study abroad and how they fit in with your work here at Bennington. Please provide them with the attached forms they will need to sign. Please note that one of the recommendations must come from your faculty advisor. You may choose to waive your right to read these recommendations. These forms should be returned to Noelle Everett Murphy, Assistant Director for Academic Services.
- ❑ **Declaration of Agreement**: Please read carefully and sign. **Note**: a parent's or guardian's signature is also required.
- ❑ **Completed Transcript Request Form**

Questions? Contact Noelle Everett Murphy (x4664 or nmurphy@bennington.edu) about this exchange program and its application process.

BENNINGTON COLLEGE

AVIC Semester Exchange Program Application
Personal Information Form

Student's Full Name: _____

Current term at Bennington: _____

Email to be used during study away: _____

Phone number at which you can be reached during study away: _____

May we release your name and email to potential exchange participants? ☐ Yes ☐ No

Period of Study (select one): ☐ Fall ☐ Spring

Host College at which you propose to study:

☐ Burlington College
☐ Champlain College
☐ College of St. Joseph
☐ Goddard College
☐ Green Mountain College
☐ Landmark College
☐ Marlboro College
☐ Middlebury College
☐ Norwich University
☐ Saint Michael's College
☐ Southern Vermont College
☐ Sterling College
☐ New England Culinary Institute

BENNINGTON COLLEGE

AVIC Semester Exchange Program Application
Proposed Course of Study

Name of Student: _____

Host College:_____

- ❑ Fill in course information about the classes you hope to take while studying away. Please note that course availability may be limited, so be sure to include alternate course selections.
- ❑ Include a copy of the course descriptions for each of the courses you want to take on semester exchange so that the Dean's Office can determine course transferability.
- ❑ Discuss your potential course selections with your plan committee members.

Course Title	Department	Credits
_____ _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BENNINGTON COLLEGE

AVIC Semester Exchange Program Application
Faculty Advisor Recommendation

Name of Student: _____

Host College:_____

- ❑ I waive my right to see this letter of recommendation.
- ❑ I do not waive my right to see this letter of recommendation.

Student's Signature:_____

To be completed by a member of the AVIC Exchange applicant's Plan Committee and returned to the Dean's Office.

Please check the appropriate boxes below:

- ❑ I am familiar with the student's academic standing and believe that his/her progress at Bennington and intellectual interests are such that he/she would profit by participating in this exchange program.
- ❑ I recommend the applicant with respect to his/her character and maturity for admission to this exchange program.
- ❑ I have spoken with the applicant and reviewed his/her proposed course selection for the term away, and find it to be appropriate with respect to his/her fields of interest and Plan of study here at Bennington.

Additional Comments (optional):

Faculty Advisor's Name (please print): _____

Faculty Advisor (signature):_____ Date: _____

Contact Noelle Everett Murphy (x4664 or nmurphy@bennington.edu) with any questions.

BENNINGTON COLLEGE

AVIC Semester Exchange Program Application
Plan Committee Member Recommendation

Name of Student: _____

Host College:_____

- ❑ I waive my right to see this letter of recommendation.
- ❑ I do not waive my right to see this letter of recommendation.

Student's Signature:_____

To be completed by a member of the AVIC Exchange applicant's Plan Committee and returned to the Dean's Office.

Please check the appropriate boxes below:

- ❑ I am familiar with the student's academic standing and believe that his/her progress at Bennington and intellectual interests are such that he/she would profit by participating in this exchange program.
- ❑ I recommend the applicant with respect to his/her character and maturity for admission to this exchange program.
- ❑ I have spoken with the applicant and reviewed his/her proposed course selection for the term away, and find it to be appropriate with respect to his/her fields of interest and Plan of study here at Bennington.

Additional Comments (optional):

Plan Committee Member's Name (please print): _____

Plan Committee Member (signature): _____Date:_____

Contact Noelle Everett Murphy (x4664 or nmurphy@bennington.edu) with any questions.

BENNINGTON COLLEGE

AVIC Semester Exchange Program Application
Declaration of Agreement

- Studying away through an exchange is a privilege that is available to students who have demonstrated the ability to adjust academically and emotionally to college, and who are ready to benefit from the challenges of off-campus study. In order for students to receive and maintain approval for study away, they must be in Good Academic and Disciplinary Standing and have approval from their advisor, plan committee, and the Dean's Office.
- Students who study away through the AVIC exchange are ambassadors of Bennington College and should be mindful to represent themselves accordingly; maintaining the good-faith relationship upon which this exchange was founded and ensuring the continuance of this opportunity for future students is of the utmost importance.
- Transfer credit will be awarded for grades of C or above.
- An official transcript for work completed away must be sent to the attention of Krista Raven, no later than February 10 for students studying away in the fall term and no later than August 1 for students studying away for the spring term.
- Students who receive federal financial aid should understand that eligibility for financial aid can not be determined until an official transcript is received and evaluated. **If a transcript does not arrive by the dates above, a student will not be eligible to receive financial aid for the coming term.**
- Students must successfully complete a full-time course load with grades of C or above. Failure to do so will impact financial aid eligibility for the coming term.
- Any outstanding fees or payments to the host institution will result in a hold on transcripts and registration for the coming term at Bennington.

I, _____, have read and understand the above statements.

Student's signature: _____Date: _____

I, _____, have read and understand the above statements.

Parent's signature: _____Date: _____

BENNINGTON COLLEGE

AVIC Semester Exchange Program Application
Transcript Request Form

Please complete, sign, and submit this form with your AVIC Semester Exchange Program Application.

Please note:

- Transcripts will not be issued if a financial obligation to the College exists.
- Allow two weeks from date of receipt for the request to be processed.

First name: _____ Middle initial:____ Last name:_____

Full name while at Bennington: _____

Address: _____

City:_____ State: _____ Zip:_____

Telephone: _____Email: _____
Weekdays, between 9:00 am and 4:30 pm

Date of attendance at Bennington:
_____

Program of study: □ BA □ MAT □ MATSL □ MFA □ Postbacc

Transcript should be sent:
□ Now
□ To arrive by deadline: _____
□ Hold for end of term grades/evaluations
□ Other instructions: _____
_____

Purpose of Transcript:
□ Graduate/professional school application
□ Employment
□ Study Abroad
□ Transfer
□ Personal use

I hereby authorize the release of my transcript. Please mail #_____ transcript(s) to the address(es) listed below.

Signature: _____Date: _____

Request 1

Request 2

Request 3

Request 4