

# BENNINGTON COLLEGE

## STUDY AWAY APPLICATION

**Instructions:** If you wish to participate in an outside program, complete this application and return it to the Director of Learning Beyond Bennington (Barn 120C) by **November 1** for spring programs, **May 2** for fall and academic year programs.

In addition to this application, you **must** complete your program provider's application and their deadlines vary. You may complete their application after meeting with your faculty advisor **and** the Director of Learning Beyond Bennington and receiving support for your program choice.

You are responsible for collecting and mailing all materials to your program. **Be sure to complete a Transcript Request Form and submit it to the Office of the Registrar. Note processing time can take up to two weeks.**

### Application Checklist:

- Study Away and the Plan:** Speak with your faculty advisor as soon as possible to discuss your proposed study away and determine if a Plan meeting is necessary.
- Study Away Essay:** Submit a revision/addendum to your Plan essay. Explain your reasons for studying away, the program you have selected and courses you will pursue. Explain how this work will support, enhance, or inform your studies. **Attach a copy of this essay.**
- Leave of Absence Form:** Include all contact information. Look online or contact your study away program for details. Note all communication will be sent to your Bennington e-mail while you are away.
- Proposed Course of Study Form:** Complete this form and bring it with you when you meet with your faculty advisor and Plan committee members.
- Declaration of Agreement:** Read carefully and sign. **Parent/guardian signature is required for all applicants regardless of age.**
- Assumption of Risk Form:** Read and complete the Study Away Acknowledgement and Assumption of Risks and Release Agreement. If you are applying to a program deemed to be "high risk" by the US Dept. of State, you will need to complete the Travel Waiver to High Risk Countries. **Parent/guardian signature is required for all applicants regardless of age.**
- Passport:** Do you have a passport? Check it. Is it expired or will it expire while you're away? Be sure to start the passport application process early! **Attach a copy of the photo page of your passport to your Bennington Study Away Application.** (Not applicable to students studying away in the U.S.).
- Emergency Contact Form:** Complete the attached Emergency Contact Information form and submit it with your Bennington Study Away Application.
- Consortium Form:** If you receive federal financial aid or other transferable funds, fill out this form and schedule a meeting with Amy Starr in the Financial Aid Office.
- Medical Clearance:** Visit Student Health Services for a pre-departure health screening and to discuss your travel health planning and destination specific info.
- Pre-Departure Orientation:** Attend this session facilitated by the Director of Learning Beyond Bennington - held in late November and early May.

## **STUDY AWAY LEAVE OF ABSENCE**

By completing this form, you are requesting a Leave of Absence from the College for the academic term(s) listed below. In order to have a leave for study away approved, students must be in Good Academic and Disciplinary Standing and have approval from their faculty advisor, Plan committee, and the Director of Learning Beyond Bennington. A Study Away Administrative Fee (SAAF) is charged per term to all students studying away on outside programs. Please provide us with your mailing address while on leave; otherwise, mail will be sent to your permanent address on record.

Student's Full Name: \_\_\_\_\_

Current term at Bennington (3<sup>rd</sup>, 4<sup>th</sup>, etc.): \_\_\_\_\_

Email (non-Bennington): \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a U.S. Citizen:     Yes     No

May we release your name and email to potential study abroad participants?

Yes     No

Academic term away (term and year): \_\_\_\_\_

Do you plan to transfer **federal** financial aid to your study away school/program?

Yes     No

### **Permanent (Home) Address Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Study Away Program/Provider Information (If Applicable):**

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **College or University at which You Intend to Study, if Different from Above:**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Student (signature): \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Contact Information

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I understand that in the case of an emergency, Bennington College officials may notify my emergency contact(s).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please provide your information.**

Name: \_\_\_\_\_ Term Away: \_\_\_\_\_

Program/University: \_\_\_\_\_

Permanent Address:  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Non-Bennington Email Address:  
\_\_\_\_\_

**Please provide complete & accurate information for all emergency contacts listed. If this information changes at any point before or during the program, please notify the director of learning beyond Bennington immediately.**

**1<sup>st</sup> Emergency Contact:**

\_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (please provide physical address, *not* PO Box):  
\_\_\_\_\_  
\_\_\_\_\_

Email Address:  
\_\_\_\_\_

**2<sup>nd</sup> Emergency Contact:**

\_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (please provide physical address, *not* PO Box):  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

## PROPOSED COURSE OF STUDY

Name of Student: \_\_\_\_\_

### **Check each box when complete:**

- 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. We know that your course selections may not be finalized until you're away. **Please be sure to email your final course schedule to your faculty advisor and the director of learning beyond Bennington when you have it.**
- Discuss your potential course selections with your faculty advisor and Plan committee members.

**Transfer credits awarded are determined by equivalent contact hours; 1 credit at Bennington is awarded for approximately 3 hours of weekly work (including class contact hours and outside work) over a 15 week term. A normal course load per term is 16 credits. Please be in touch with the director of learning beyond Bennington or the registrar if you are uncertain of how many credits you will need to register for to receive a full term of Bennington credit.**

| Course Title | Department | Language of Instruction | US Credits |
|--------------|------------|-------------------------|------------|
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |
| _____        | _____      | _____                   | _____      |

**Total Credits** \_\_\_\_\_

## **DECLARATION OF AGREEMENT**

- Studying away 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 faculty advisor, Plan committee, and the director of learning beyond Bennington.
- Students studying away for one or two consecutive terms must pay a Study Away Administrative Fee (SAAF) of \$600. This fee is billed prior to your term(s) away.
- Students must enroll in the equivalent of 12 Bennington credits (minimum) to maintain full-time student status while away.
- If students do not enroll in and successfully complete a full-time load of classes while away, their academic standing may be in jeopardy when they return.
- Upon completion of your term(s) away, have an official transcript sent to the registrar here:

Bennington College - Office of the Registrar  
1 College Drive, Bennington, VT 05201 USA

- Transfer credits awarded are determined by equivalent contact hours. Transfer credit for work done at foreign institutions may need to be submitted to the Center for Educational Documentation for their recommendation. Students will be notified upon receipt of their transcript if a CED evaluation is required.
- Students must earn a grade of full C or above in a course for it to be considered for transfer credit.
- Bennington College does not transfer grades or grade points from other institutions. Only credits are transferred.
- An official transcript for work completed away must be sent to the attention of the Office of the Registrar, 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.
- Consortium Students (students who are applying federal financial aid to the cost of their program) understand that eligibility for financial aid cannot 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 studying away for a full year must arrange to have a transcript sent to Bennington after each term/semester by the dates above. If a transcript is not received by the dates above, financial aid cannot be released for the following term.
- Consortium Students must successfully complete a full-time course load with grades of full C or above. Failure to do so will impact financial aid eligibility for the coming term.

I, \_\_\_\_\_ , have read and understand the above.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ , have read and understand the above.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

## STUDY AWAY ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND RELEASE AGREEMENT

*This is a release of legal rights; please review carefully and understand before signing. Please keep a copy for your records.*

Name of Student: \_\_\_\_\_

Program Abroad: \_\_\_\_\_

Country: \_\_\_\_\_ Term/Year Abroad: \_\_\_\_\_

In consideration and as a condition of Bennington College approving my participation in the above study abroad program (the "Program"), I hereby agree to the following:

### 1. Understanding the Terms of Bennington College's Approval:

I have read and understand the Study Abroad guidelines outlined in the *Bennington College Study Away Application*.

I also understand that Bennington College's prior approval of the transfer of credit does not imply Bennington College's responsibility for any aspects of the operation of the Program or university at which I will be studying.

I understand that should I change my Program of study from that listed above, the terms and conditions of this Agreement still apply.

Matters of academic credit will be evaluated on an individual basis. I understand that if I am unable to complete the Program due to program cancellation or for any other reason, I may not receive academic credit for my participation in the Program. I agree that in the event that I am unable to complete the Program, due to program cancellation or for any other reason, it is my responsibility to inquire about any possible refund with the Program manager or sponsor.

### 2. Medical Circumstances:

Are there any physical or mental health circumstances about which Bennington College should be aware that may affect your study abroad experience? **Yes** **No** (circle one)

If there are any physical or mental health circumstances that may affect my study abroad experience, I understand and agree that it is in my best interest to discuss the situation with my physician and with the Program.

In addition, if appropriate I should discuss the situation with the Bennington College Academic Services person in charge of off-campus study.

### 3. Risks of Travel and Studying Abroad:

I understand and acknowledge that participation in the Program may involve risks not found in study at Bennington College's campus. I understand and acknowledge that these may include, but are not limited to, risks involved in and from: traveling to and within, and returning from, one or more foreign countries; different political, legal, social, law enforcement, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; different standards as to the availability and provision of medical care; and different weather conditions.

I also understand and acknowledge that while participating in the Program and living abroad I may experience risks and/or differences relating to educational systems, academic

expectations, recognition of civil rights, lack of accessibility and accommodations for persons with disabilities, alcohol and drug use, relationships and gender issues.

I have made my own inquiry and investigation into such risks and/or differences, and am willing to accept them as a condition of my participation in the Program. I acknowledge that my participation in the Program is wholly voluntary.

I understand and acknowledge that Bennington College does not administer this Program, and Bennington College does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, place of lodging, tour organizer or other provider of goods and services in connection with the Program.

I further understand that Bennington College has not made any investigation into the health, safety, and security conditions at either the Program site or the countries in which I will be traveling. Nor has Bennington College investigated the quality or suitability of any housing or transportation providers that I may use.

#### **4. Release of Liability:**

Having examined and understood the above, I, individually, and on behalf of my heirs, executors, administrators, personal representatives, and assigns, hereby release, acquit, waive, forever discharge, and covenant not to sue, to the fullest extent permitted by law, Bennington College, its trustees, directors, officers, faculty, employees, agents, volunteers, and representatives, from any and all actions, causes of action, suits, claims, damages, judgments, liabilities, demands, expenses and costs (including attorneys' fees), or other losses, of any kind whatsoever, without limitation, which arise out of, result from, occur during, or are in any way connected, in any manner, with my participation in the Program, the use of facilities, equipment, or services in association with my participation in the Program, and/or any related or independent travel or activities, including, but not limited to, claims for damage to or loss of property, consequential damages, violations of civil rights, personal illness, injury or death, that I may have or which may hereafter accrue to me.

#### **5. Statement of Indemnification:**

I, individually, and on behalf of my heirs, executors, administrators, personal representatives, and assigns, agree to indemnify, defend, and hold harmless Bennington College, its trustees, directors, officers, faculty, employees, agents, volunteers, and representatives, from any and all liability, loss, damage, cost or expense (including attorneys' fees) that they or any of them incur or sustain as a result of any actions, causes of action, suits, claims, judgments or demands, which arise out of, result from, occur during, or are in any way connected to, in any manner, my acts or omissions during my participation in the Program, the use of facilities, equipment, or services in association with my participation in the Program, and/or any related or independent travel or activities.

#### **6. Governing Law & Severability:**

I agree that if any portion of this Acknowledgement and Assumption of Risks and Release Agreement is deemed unenforceable, all other provisions will remain in full force and effect. I understand and agree that no oral representations or statements by Bennington College or its representatives will effectively alter the acknowledgements, agreements and representations stated above. This agreement shall be governed by the laws of the State of Vermont, which shall be the forum for any lawsuits filed under or incident to this Agreement or the Program.

#### **7. Agreement:**

I HAVE CAREFULLY REVIEWED AND UNDERSTOOD THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND RELEASE AGREEMENT AND I HEREBY AFFIRM MY AGREEMENT

TO ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE PROGRAM. I AFFIRM THAT I AM 18 YEARS OF AGE OR OLDER.

**IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING!**

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_ day/month/year

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Both parents or guardians must sign when applicable.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day/month/year

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day/month/year

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signatures need not be notarized but must be witnessed.



# **STUDY AWAY TRANSCRIPT REQUEST FORM**

**In order to request a transcript, please complete the following steps:**

Complete, sign, and mail this Transcript Request Form to:  
Office of the Registrar  
Bennington College  
One College Drive  
Bennington, Vermont 05201

**or** you may fax the form to 802-440-4876.

**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 9:00am and 4:30pm

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 or 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

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