

BENNINGTON COLLEGE

STUDY AWAY APPLICATION – DOMESTIC EXCHANGE

Instructions: If you wish to participate in an international exchange program, complete this application and return it to the Study Away Office (Barn 120C) by **October 8th** for spring programs, **March 25th** for fall programs.

In addition to this application, you **must** complete your host school's application and their deadlines vary. Students nominated for an exchange will receive instructions on how to complete these applications.

Exchange Program: Check each program for which you wish to apply.

- | | |
|--|---|
| <input type="checkbox"/> AVIC: Champlain College | <input type="checkbox"/> AVIC: Norwich University |
| <input type="checkbox"/> CIEL: Evergreen State College | <input type="checkbox"/> CIEL: Prescott College |
| <input type="checkbox"/> AVIC: Goddard College | <input type="checkbox"/> CIEL: Rochester Inst. Technology |
| <input type="checkbox"/> CIEL: Fairhaven College/W Washington Univ | <input type="checkbox"/> AVIC: St. Michael's College |
| <input type="checkbox"/> CIEL: Hampshire College | <input type="checkbox"/> AVIC: Sterling College |
| <input type="checkbox"/> AVIC: Landmark College | <input type="checkbox"/> CIEL: University of Redlands |
| <input type="checkbox"/> CIEL: Quest University | <input type="checkbox"/> CIEL: Westminster College |
| <input type="checkbox"/> AVIC: Middlebury College | |
| <input type="checkbox"/> CIEL: New College of Florida | |
| <input type="checkbox"/> CIEL: New College/Univ. of Alabama | |
| <input type="checkbox"/> CAL ARTS | |

Application Checklist:

- Study Away and the Plan:** Speak with your faculty advisor as soon as possible to discuss your proposed study away Plan meeting. Consider important Plan milestones when discussing this with your faculty advisor.
- Letter of Recommendation:** Ask your faculty advisor or a plan committee member to complete the attached recommendation form and submit it with your application.
- 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.**
- 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.**
- Passport: QUEST University Only** - 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.**
- Student Information and Emergency Contact Forms:** Complete the attached forms and submit them with your 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 designation specific information.
- Pre-Departure Orientation:** Attend this session facilitated by the Bennington College Study Away Office- held in late November and early May.

Student Information Form

Student's Full Name: _____

Current term at Bennington (3rd, 4th, 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 receive **federal** financial aid?

Yes No

If you are an international student, do you receive the Davis Scholarship?

Yes No

Permanent (Home) Address Information:

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Email: _____

I understand that in order to be approved for an exchange, students must be in Good Academic and Disciplinary Standing and have approval from their Faculty Advisor, plan committee, and the Study Away Counselor.

Student (signature): _____ Date: _____

PROPOSED COURSE OF STUDY

Name of Student: _____

Host Institution: _____

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 Study Away Counselor when you have it.**
- Discuss your potential course selections with your Faculty Advisor and Plan committee members.
- Students should plan to enroll in the equivalent of 15 Bennington College credits per term. Since credit values can vary between institutions, students should consult with the Study Away Counselor to confirm the total credit amount.

Course Title

Department

Credits

Total Credits _____

DOMESTIC EXCHANGE
DECLARATION OF AGREEMENT

- Studying abroad 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 Study Away Counselor.
- Students must enroll in the equivalent of 12 Bennington credits (minimum) to maintain full-time student status while abroad.
- 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

- Transfer credit will be awarded for grades of full 'C' or above received on an official transcript.
- I understand that it is my responsibility to request an official transcript from my host institution and that an official transcript must be received in order for credits to be transferred. I understand that a provisional report can be used to verify credits earned until an official transcript is available.
- An official transcript for work completed abroad must be received by the Office of the Registrar no later than February 10 for students studying abroad 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 verification of credits completed is received. 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. If a transcript is not received verifying completion of credits, financial aid cannot be released for the following term.
- Consortium 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.

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

Student's signature _____ Date: _____

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

Parent's signature _____ Date: _____

Emergency Contact Information

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: _____

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 Study Away Counselor immediately.

1st Emergency Contact:

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

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

Email Address: _____

2nd Emergency Contact:

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

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

Email Address: _____

BENNINGTON COLLEGE

DOMESTIC EXCHANGE PROGRAM APPLICATION FACULTY 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 the faculty advisor or a member of the student's Plan Committee and returned to the Study Away Office (Barn 120C).

Instructions: Please attach a letter outlining your assessment of the candidate's suitability for study away. Your letter may be shared with the host institution if the student is nominated for study away.

Check the appropriate box 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 Name (please print): _____

Faculty Signature: _____ Date: _____

Please contact the Academic Services and Study Away Counselor with any questions (x2490 or studyaway@bennington.edu).

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

