STUDY AWAY APPLICATION – DOMESTIC EXCHANGE

Instructions: If you wish to participate in an international exchange program, complete this application and return it to the Director of Learning Beyond Bennington (Barn 120C) by September 7 for spring programs, February 15 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.

___ Champlain College
___ Evergreen State College
___ Goddard College
___ Fairhaven College/Western Washington Univ
___ Hampshire College
___ Landmark College
___ Marlboro College
___ Middlebury College
___ New College of Florida
___ New College/Univ. of Alabama
___ New England Culinary Institute

___ Norwich University
___ Prescott College
___ Rochester Institute of Technology
___ St. Michael’s College
___ Sterling College
___ University of Redlands
___ Westminster College

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.

☑ 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: 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 Director of Learning Beyond Bennington - 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 Director of Learning Beyond Bennington.

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 Director of Learning Beyond Bennington 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 Director of Learning Beyond Bennington to confirm the total credit amount.

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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 Director of Learning Beyond Bennington.

- 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 Director of Learning Beyond Bennington 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: ________________________________
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 Director of Learning Beyond Bennington 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: __________________________

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

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Request 2

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Request 3

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Request 4

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