Muskingum University
Application for Approved Off-Campus Special Programs
For programs being attended during fall and/or spring semesters

All sections of this form must be completed in order to ensure program acceptance

Name: ___________________________________________ ID#: ______________________
E-mail address: ______________________________________________________________
Phone numbers: Cell: _________________________ Home: ___________________________

1) Please check the program in which you plan to participate:

International Programs (Program Advisor: Coordinator of Study Abroad)
   ____ Muskingum University Exchange Program (indicate program) _____________________________
   ____ Non-Exchange Program (indicate institution) _____________________________________________
   ____ Global Student Teaching

Domestic Programs (Program Advisor: Faculty Coordinators)
   ____ Drew University United Nations Semester (Political Science)
   ____ American University Washington Semester (Political Science)
   ____ Art Institute (indicate campus) ___________________________ (Art)
   ____ Kent State University (Speech/Pathology) (Speech Communication)
   ____ Case Western Reserve University 3+2 Program (Physics and Engineering)
   ____ John Glenn Institute (through The Ohio State University) (Career Services)
   ____ Other (indicate institution/program) ________________________________________ (VPAA Office)

2) Please indicate the dates of attendance and total credit hours of enrollment:

   Beginning and end date for program (MM/DD/YY):____________________ to ______________________

   Total number of credit hours you plan to take: _________ semester hours or ________ quarter hours

3) Are you interested in financial aid for this program?

   Yes____ No____

   If yes, once this form is approved and received by the Financial Aid Office, you will receive an e-mail explaining if you are eligible for aid, what aid you may receive, and approximately when you will receive it.

4) Contacts:

   Please list the name, telephone number and e-mail of an appropriate contact person who can be reached regarding your participation in the program. An appropriate contact may be a program coordinator, faculty member, or counselor at the visiting (or host) institution. (Do NOT list friends or family members )

   Name: _________________________________ Phone: ______________ E-mail: ________________

   Name: _________________________________ Phone: ______________ E-mail: ________________
5) Academic and Disciplinary Standing:

Please have the VPAA Office indicate that you are in good academic standing and Student Life (judicial affairs) indicate that you are in good social standing:

Good academic standing? Yes___ No___ Signature:_________________________
Good social standing? Yes___ No___ Signature:_________________________

6) Signature of Student

Your signature verifies the following:

1. I have completed the necessary prerequisites to participate in this program.
2. Muskingum University requires that applicants and participants are in good academic and disciplinary standing at the University, and I authorize the University to access to my academic and disciplinary records.
3. I authorize the Registrar’s Office, upon acceptance to the program, to register me for the above listed off-campus program.
4. I authorize the Business Office to bill my student account for any and all program costs. I understand that all cancellations must be submitted in writing.
5. I have spoken with my advisor and have received his/her approval to participate in off-campus study.
6. I understand that I am only approved to participate in the program for a designated period of time, as arranged with my advisor, the Financial Aid Office (if receiving financial aid), the Registrar’s Office, and the Office of Study Abroad (if applicable).

If approved for off-campus study, you agree to:

1. Keep informed the necessary University offices of your academic progress.
2. Remain at the host institution for the agreed amount of time as indicated on this application.
3. Have your proposed courses pre-approved by either the Registrar’s Office (domestic study) or Office of Study Abroad (international study).
4. Have a transcript sent from the host institution to Muskingum University in a timely manner.
5. Abide by all rules of student conduct as set forth by Muskingum University.

Signature of applicant:  ___________________________________________ Date: ______________

7) Signature of Program Advisor

I have reviewed this application and approve this student’s request to participate in the stated program.

Signature of Program Advisor: ____________________________________ Date: ______________

Once all sections of this form are complete return this form to the Registrar’s Office.

Office Use Only

Routing:
VPAA, Office of Study Abroad, Financial Aid, Business Office, Student Life, Vice President of Enrollment, Faculty and Program Advisors