

**MOUNT HOLYOKE COLLEGE**

McCulloch Center for Global Initiatives

50 College Street, South Hadley, MA 01075

Tel: 413-538-2072 Fax: 413-538-3385 global@mtholyoke.edu

**Home Campus Study Abroad Approval Form**

**To the student:** Please fill in your name and program information and ask your home campus study abroad advisor, dean, or other individual responsible for approving credit transfer for study abroad to complete the rest of this form.

Student's Name \_\_\_\_\_

Program and period of study for which you are applying \_\_\_\_\_

**To the Study Abroad Advisor:**

This student is applying for admission to the Mount Holyoke College study abroad program named above. Please provide the following information to help us evaluate the application. Please use the Comments box on page 2, or attach a separate sheet, for any explanations or additional comments you wish to provide.

Is this student a full-time undergraduate student in good academic standing? If no, please explain.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student have your institution's approval to participate in this program? If no, please explain.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Approval not required

Has this student ever been on academic probation? If yes, please explain. \_\_\_\_\_ Yes \_\_\_\_\_ No

To the best of your knowledge, has this student been involved in any serious disciplinary action while enrolled at your institution? If yes, please explain the nature of the incident. \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the credits earned in the Mount Holyoke program abroad be accepted toward this student's degree program at your institution?

\_\_\_\_\_ Yes, transfer credit is guaranteed.

\_\_\_\_\_ Yes, but final approval cannot be granted until after the student completes the program.

\_\_\_\_\_ Yes, but subject to these conditions:

\_\_\_\_\_

\_\_\_\_\_ No (please explain)

\_\_\_\_\_

Please use this box for any explanations required or comments you wish to make:

Advisor Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Transcript**

Please indicate the address to which Mount Holyoke should send the official transcript of work completed:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Submit this form to:

McCulloch Center for Global Initiatives  
Mount Holyoke College  
50 College St.  
South Hadley, MA 01075

e-mail: [global@mtholyoke.edu](mailto:global@mtholyoke.edu)