

Application for an Academic Leave of Absence

Complete this application **ONLY** if you are applying to the **Washington Semester Program, Semester in Environmental Science Program**, or another **accredited U.S. institution** or program, not affiliated with Mount Holyoke. This form is not for study abroad programs.

Deadlines for submission: March 1 for fall semester or academic year; November 15 for spring semester



Mount Holyoke College
Office of Academic Deans
50 College Street
South Hadley, MA 01075

Phone: 413-538-3610
Fax: 413-538-2584

www.mtholyoke.edu/academicdeans

Student Name:	
Class Year:	
MHC Email:	
Major:	

Please check below if you are applying to one of the following Mount Holyoke affiliated programs. Please note that students who apply to these programs, and receive MHC aid, are eligible to apply for a **Laurel Fellowship for Off-Campus Study**. You must submit a copy of this completed application, along with the [Laurel Fellowship](#) application, by the deadline defined by the [McCulloch Center for Global Initiatives](#).

Washington Semester Program **Semester:** _____ **Academic Year:** _____

Semester in Environmental Science Program at MBL (fall semester only) **Academic Year:** _____

Check this box if you are applying for a Laurel Fellowship for Off-Campus Study. Please be mindful of the separate application deadlines for the Laurel Fellowship. Visit www.mtholyoke.edu/global/study_abroad/app_deadlines for details.

If applicable, list the accredited U.S. institution(s) or program(s) that are **not** affiliated with Mount Holyoke, to which you are applying, as well as the duration of time you wish to study there (example: fall 2011 or 2011-2012 AY).

First Choice _____ **Duration of leave:** _____

Second Choice _____ **Duration of leave:** _____

Third Choice _____ **Duration of leave:** _____

Study Proposal

Describe the importance of study at another institution in the context of your educational goals. Be specific about the relationship of the work proposed to your academic program at Mount Holyoke, or, if appropriate, to other goals and interests you may have. (Attach an additional sheet if necessary.)

Tentative Plan of Study

List all courses you plan to take during your year or semester away from Mount Holyoke. Be as specific as possible, given the information you have on course availability. This is a tentative plan of study, and we realize your actual course choices are likely to differ from it. Asterisk (*) course(s) you wish to apply toward your major and indicate which requirement(s) any other courses may fulfill. NOTE: Courses that are to satisfy College requirements (e.g. distribution) or requirements for the major MUST be approved individually by the appropriate department(s); forms are available from the Registrar's Office, Mary Lyon Hall, Room 6. If you are applying to more than one program or institution, please attach additional sheet(s), indicating your tentative plan of study for each. *Approval of the study plan does not in itself constitute approval of specific courses.*

Fall Semester

Spring Semester

List all requirements (including distribution, major, minor, PE, etc.) to be completed upon return to Mount Holyoke.

Student Signature

I have carefully reviewed my degree requirements with my major advisor or the chair of my prospective major department, the registrar, and my class dean/advisor. I understand that permission for an academic leave does not ensure admission to another institution and that I must file the necessary application as a visiting student to the college or university concerned, and receive its favorable decision. I also must finish the preceding semester's work at Mount Holyoke and have a 2.70 cumulative grade point average.

Student Signature _____

Date _____

Approval of Major Advisor

Signature of major advisor (or, for sophomores, chair of major or prospective major department) indicates that you have discussed your plans and that it should be possible for you to complete the major upon your return to Mount Holyoke. Students planning to double major must have BOTH advisors/department chairs sign.

Advisor or Department Chair
Signature _____

Date _____

**Final approval of your academic leave rests with the Office of Academic Deans.
A decision notification and further instructions will be sent to your MHC email account.**

Please return completed application to the Office of Academic Deans, 300 Mary Lyon Hall.