



COLLEGE OF THE ATLANTIC INTERNATIONAL STUDENT SERVICES (ISS)

Form #1

PROPOSAL TO STUDY OFF-CAMPUS FORM

Please use this form to help ISS and the Financial Aid Office prepare for your term(s) away. Information regarding your program or intended program will allow us to better advise you on your academic, immigration, and financial requirements for your time away. **This form is due by the end of REGISTRATION the term prior to your intended study off-campus period.**

NAME: _____

GRADE LEVEL DURING TERM(S) AWAY: _____

TERM(S) I PROPOSE TO BE OFF-CAMPUS: Fall 20__ Winter 20__ Spring 20__

NAME OF INSTITUTION OR PROGRAM: _____

PLEASE PROVIDE A BREIF DESCRIPTION OF YOUR PROGRAM: _____

EXACT DATES OF PROGRAM: **from** _____ **to** _____

COUNTRY/COUNTRIES WHERE I WILL BE LOCATED: _____

NUMBER OF COA CREDITS I EXPECT TO LEARN DURING THIS TIME:

(consult Registrar if you are unsure): _____

SIGNATURES REQUIRED

Advisor: _____ Date: _____

Director of Financial Aid: _____ Date: _____

Registrar Office: _____ Date: _____

This form must be personally submitted to Monica Hamm, Coordinator of International Student Services, by the end of REGISTRATION prior to the term you plan on studying away. After submitting this intent form, and receiving a response from Monica Hamm's office, be prepared to start the registration process. If you are studying away through another institution or program, obtain a Consortium Agreement form from COA's Financial Aid Office.

Do Not Forget to Fill Out the Official Study Away Form When You Know All the Details of Your Program!

Monica Hamm, Coordinator of International Student Services

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