

## Domestic Study Away Registration

modified on 5/3/2010

(Please complete a separate form for each semester you will be away) Instructions to Student: Office of Student Records only: Meet with your academic advisor to determine appropriate courses to take at the The student named below is officially host school. Attach course descriptions to this form. registered as an AWAY student for: Advisor's/Chairperson's Initials Checked by advisor Fall Semester: Submit the form to the Academic Dean of your College or to the Graduate 2. (signed) (date) School, for review and signature. 3. If you receive financial assistance (including scholarships and tuition waivers), Spring Semester:: (date) (signed) you must meet with a Financial Aid Advisor and have him/her sign your form. If you are taking classes at the College of the Atlantic, additional paperwork must 4. Summer Semester: be filed with Student Records. (signed) (date) Before leaving your host campus, request that an official transcript be sent 5. to Kathy M. Ouellette, University of Maine Office of Student Records, 5781 Copies retained by: Student Wingate Hall, Room 100, Orono ME 04469-5781, after grades are posted. Dean's Office or Grad School Please note: An official transcript is not required for courses taken within the Financial Aid Student Records University of Maine System. Student Information Which institution will you be attending? Name Student ID# Which campus?  $\bigcirc$  SR Class Level  $\bigcirc$  FY  $\bigcirc$  SO  $\bigcirc$ JR GRAD Plan (Major) Plan (Minor) Semester you will be away Sub-Plan (Concentration) Date away semester begins Date away semester ends **Anticipated Graduation Date Local Address** Are you currently registered at UMaine Yes\*  $\bigcirc$  No for the semester you plan to be away? City State Zip Code \* If yes, do you want the Office of Student records to cancel your **Local Phone** Cell Phone registration? Address to YES: cancel my UMaine enrollment which UMaine NO: Do not drop my courses. I understand it is my information can responsibility to contact my Dean's office if I want my be sent while courses cancelled. your are away

Student's Signature

Date

## **Prior Approval of Courses - With Course Descriptions Attached**

- You must be in good academic standing to be granted permission to take an Away Leave.
- Make sure that courses listed do not duplicate any courses already taken for degree credit at UMaine. NO COURSE REPEATS.
- Only courses passed with a grade equivalent to a C- or higher will transfer for degree credit. (NOTE: a C- is unacceptable for ENG 101). Quality points and grades earned do not transfer.

NOTE: Advisors/Chairs with questions about credit equivalencies may contact Kathy M. Ouellette at the Office of Student

|                                                                                                                                       | *** /                                                                              | ATTACH (                                | COUF                                                    | RSE DESCRIPTION                 | <b>VS!</b> ***                                                                                              |                 | -                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--|
| To be completed by Student:<br>Courses to be Taken Away                                                                               |                                                                                    |                                         | To be completed by the Major Department or the College: |                                 |                                                                                                             |                 |                     |  |
| Dept. &<br>Course # (or<br>other identifier)                                                                                          | Course Title                                                                       | Sem.<br>Hrs.                            | Qtr.<br>Hrs                                             | Course Equivalency<br>At UMaine | UMaine<br>Credit                                                                                            | Co              | omments             |  |
|                                                                                                                                       |                                                                                    |                                         |                                                         |                                 |                                                                                                             |                 |                     |  |
|                                                                                                                                       |                                                                                    |                                         |                                                         |                                 |                                                                                                             |                 |                     |  |
|                                                                                                                                       |                                                                                    |                                         |                                                         |                                 |                                                                                                             |                 |                     |  |
| By signing below, the student                                                                                                         |                                                                                    |                                         |                                                         |                                 |                                                                                                             |                 |                     |  |
| eligible for transfer to the Uni<br>that these courses meet the<br>Graduate School should su                                          | e UMaine degree requi                                                              | rement and to                           | have a                                                  | n official transcript sent to   | UMaine by the                                                                                               | host school. Th |                     |  |
| 1.) Advisor/Chairperson S                                                                                                             | Signature:                                                                         |                                         |                                                         |                                 |                                                                                                             | Date<br>——      |                     |  |
| 2.) Academic Dean/Graduate School Signature:                                                                                          |                                                                                    |                                         |                                                         |                                 |                                                                                                             | Date            |                     |  |
| Comments                                                                                                                              |                                                                                    |                                         |                                                         |                                 |                                                                                                             |                 |                     |  |
| FINANCIAL AID N                                                                                                                       | IOTIFICATION                                                                       | You must n                              | neet wi                                                 | th a Financial Aid Advi         | sor in Wingat                                                                                               | e Hall to com   | olete this section. |  |
| Will you apply for and/or receive financial assistance (including scholarships and tuition wavers) for your study                     | ce away?                                                                           | Where will you live while you are away? |                                                         |                                 | Away Campus Office to which funds should be sent (including a "to attention of" individual's name, if known |                 |                     |  |
|                                                                                                                                       | tudy                                                                               | On campus                               |                                                         |                                 |                                                                                                             |                 |                     |  |
| away expenses?                                                                                                                        | Off ca                                                                             | •                                       | mily                                                    |                                 |                                                                                                             |                 |                     |  |
| Yes No At home or with family Unless a standing Consortium Agreement already exists, a                                                |                                                                                    |                                         |                                                         | Address:                        |                                                                                                             |                 |                     |  |
| Contractual Agreement vinstitution. UMaine must enrollment verification between the office of Student Finatenrolled in the University | t receive this agreem<br><b>efore</b> financial aid wi<br>ancial Aid will verify e | ent and offici<br>ill be released       | ial<br>d. <b>NOT</b>                                    | E:                              |                                                                                                             |                 |                     |  |
| Financial Aid Advisor Signature:                                                                                                      |                                                                                    |                                         |                                                         |                                 |                                                                                                             | Date            |                     |  |
| Comments                                                                                                                              |                                                                                    |                                         |                                                         |                                 |                                                                                                             |                 |                     |  |