LYCOMING COLLEGE

APPLICATION TO PARTICIPATE IN SPECIAL ACADEMIC OPPORTUNITIES

Use this form to apply for the following programs:

- The Philadelphia Center
- Washington Semester.

Cooperative programs:

- Forestry
- Medical Technology
- Optometry
- Podiatry

Application Directions

1. Application must be typed or neatly printed.

2. Provide all the information requested on the Application, including the information regarding the specific courses you wish to take at the host institution.
   a. You must provide course descriptions.
   b. (Exception: Medical Technology programs. The Registrar has this information on file.)

3. All courses to be used for the major and/or minor require the signature of the appropriate department chair.

4. You need written approval from the Lycoming College Registrar for all courses you wish to complete at other institutions.
   a. Once a course is approved, both the credit and the grade for the course will transfer to Lycoming and be calculated in your grade point average, including “D”s, “F”s, or “W”s.

5. Obtain the required signatures listed on the form, including approval from the Dean of Student Affairs.
   a. You must have a record of good citizenship while enrolled at Lycoming College to be eligible.

6. Before leaving Lycoming College:
   a. You must notify the Office of the Registrar in writing by completing a “Not Returning” card.
   b. If attending the Washington Semester or Philadelphia Center, you must also leave a blank, signed registration form in the Office of the Registrar for the upcoming semester.
      i. We will forward it to your advisor during registration.

7. Notify the Office of the Registrar of your address, telephone number, and fax and/or email address at your host institution.

8. Upon completion of the program, you must have official transcripts from the host institution sent directly to the Lycoming College Registrar.
   a. Credit will not be posted to your academic record until the official transcripts are received.
LYCOMING COLLEGE

APPLICATION TO PARTICIPATE IN SPECIAL ACADEMIC OPPORTUNITIES
Return completed form to the Office of the Registrar

NAME: ___________________________________________   DATE: _______________________________________
LAST     FIRST      MIDDLE

STUDENT ID # ________________________________   ANTICIPATED GRAD DATE: _____________________________

ADDRESS: __________________________________________ ______________________________________________
STREET (or Campus Box if living on campus)   CITY   STATE   ZIP
MAJOR(S): _______________________________________   MINOR(S): __________________________________

COOPERATIVE INSTITUTION: _______________________________________________________________________

NAME OF PROGRAM: ___________________________________________________________________________

TERM(s) OF STUDY: _______ Fall       _______ Spring     _______ Summer Sessions       Year ___________

Below are the courses with alternates that I plan to take. Course descriptions are attached (when applicable).
I plan to take a total of _____ credits.

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<tr>
<th>DEPT &amp; COURSE #</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
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REQUIRED SIGNATURES
Your signature on this form grants Lycoming College permission to use your name, term of study, and host institution in publications, letters to prospective students, and press releases.

STUDENT: ___________________________________________   DATE ___________

ADVISOR: ___________________________________________   DATE ___________

COOPERATIVE PROGRAM COORDINATOR:
_______________________________   DATE ___________

DEAN OF STUDENTS: _________________________ Approved____ Not approved   DATE ___________

SUBMIT THIS COMPLETED FORM TO THE REGISTRAR FOR FINAL APPROVAL

REGISTRAR: _______________________________________   DATE ___________

rev 10/19/2012 bmm