

Registrar & Records



STUDY AWAY ADVISING FORM

Studying away requires a lot of pre-planning. This form ensures that students notify key departments of their plans to study away for a semester or year in order to receive the information, advising and support necessary for a smooth transition. IPO will route this form to departments after the student has completed all LCSC application requirements and Steps 1 and 2 are complete.

Step 1: Complete the following information

Name:	LCSC ID:		
Program (select one): NSE ISA			
Term Away (check all that apply): Fall 20	Spring 20	Summer 20	
Term Dates:	Estimated cost of attendance:		
Host School:	City:	Country:	
I authorize all parties associated with this program to s	hare all my necessary in	formation for the purposes of fulfilling	
program requirements.			
Student Signature		Date:	

Step 2: Study Away Approval

The student named above has met all requirements to study away and has received guidance on fit, program requirements, financial ability, financial aid portability, enrollment confirmation and other pertinent information. This student is approved for the semester(s) listed above. Study Away Advisor (print): ______ Signature: _____ Signature: _____

Step 3: Credit Equivalency Agreement

I certify that the courses on the attached credit equivalency agreement	t will be applied toward the student's academic
program. Optional courses have been marked.	
Academic Advisor (print):	_ Signature:

Step 4: Financial Aid Advising

Student will	receive	financial	aid fundin	a and /c	or scholarship	os and r	nust meet	with FAO	Advisor.
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		Student will	not receive	any type	of financial	aid funding
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Financial Aid Advisor (pri	nt).	Signature:
		olghatalo.

Step 5: Student Accounts Advising

Based upon the program start and end dates, this student will:

_ require a payment plan ____ not require a payment plan

Student Accounts Rep (print): ______ Signature: _____