PETITION FOR SECOND-SEMESTER SENIOR TO PARTICIPATE IN OFF-CAMPUS PROGRAM

___________________________________________ has discussed with me his/her
application to study with the St. Lawrence Program in ________________.

Upon successful completion of the above-stated program, this student will have completed the
requirements for the major in my department, as well as all distribution and graduation
requirements.

1. __________________________________________  __________________________________________
   Name of Advisor (Please Print)  Name of Advisor (Please Print) for double major
   __________________________________________  __________________________________________
   Signature of Advisor  Signature of Advisor for double major
   ____________________________  __________________________
   Date  Date

2. __________________________________________  ________________________________
   Name of Department Chair (Please Print)  Name of Department Chair (Please Print)  for
double major
   __________________________________________  ________________________________
   Signature of Department Chair  Signature of Department Chair for double major
   ____________________________  __________________________
   Date  Date

Please comment here on any special considerations, observations or requirements that this
student must complete before graduation:

I hereby certify that I will be an active participant of the above stated program until the official
end of the program, even if this conflicts with on-campus graduation activities and ceremonies. I
understand that grades for the semester must be received by the Registrar’s Office 5 days before
the Commencement ceremony in order for me to walk in graduation, and that it is unlikely the
Registrar’s office will receive the grades in time. I also understand there is no Commencement
ceremony in August for summer graduation.

_____________________________        ________________
Student Signature                      Student ID #                     Date

The student must return this form by the application deadline to the Center for International and Intercultural
Studies in Carnegie Hall, room 108 after the advisor(s) and department chair(s) have signed the form. The CIIS
office will send it to the Registrar.

3. FINAL APPROVAL by the Registrar:

☐ Yes  ☐ No

______________________________        __________________________
Signature  Date