Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datatel ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Grad Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term for Study Away \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Name and Location \_\_\_Elon in DC- The Washington Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Students are required to secure approval for any courses taken away prior to the start of the class. Email this completed form from your Elon email account to the Associate Registrar, Robin Straka, at rstraka@elon.edu. Courses taken away are posted to the Elon transcript and degree audit after Elon receives the official transcript from the host program.**

 **As a study away student, it is your responsibility to:**

* Review your graduation requirements with your academic advisor(s) and discuss how study away courses fit into your Elon degree plans.
* Take an appropriate combination of courses and semester hours away to maintain progress toward degree completion.
* List all three course components of The Washington Center program for review: Career Readiness Programming, the Internship, and the Evening Course.

 **By submitting this form I certify that have read and understand the information above.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Electronic Signature and Date (Type your name and the date)**

|  |  |  |
| --- | --- | --- |
| **TO BE COMPLETED BY STUDENT** |  | **TO BE COMPLETED BY OFFICE OF THE REGISTRAR** |
| **Course at Host Program** | **Elon Requirement to be Satisfied** (select one)Highlight the requirement  |  | **Posted to Elon transcript as** | **Semester hours** | **Applies to requirement requested? Yes or No** | **Does student need department chair approval?** |
| 1) Career Readiness Programming (formerly LEAD Colloquium) | Hours toward graduation  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2) TWC Academic Internship Course (you must specify the requirement you hope this will count for as it may have additional steps for approval) | Advanced Studies Hours toward graduationMajor: specify the name of the major and the requirement within it which you hope the internship will satisfy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minor - specify the name of the minor and the requirement within it which you hope the internship will satisfy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3) Evening Course (list evening course number and title using TWC’s course offerings. List one or two back-up choices) | Literature Expression Civilization SocietyAdvanced Studies Hours toward graduation Major: specify the name of the major and the requirement within it which you hope the internship will satisfy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minor - specify the name of the minor and the requirement within it which you hope the internship will satisfy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  | Literature Expression Civilization SocietyAdvanced Studies Hours toward graduation Major: specify the name of the major and the requirement within it which you hope the internship will satisfy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minor - specify the name of the minor and the requirement within it which you hope the internship will satisfy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
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***Reviewed by Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Signature / Date***