

ACADEMIC PLANNING. Please provide the following information to explain how you plan to incorporate your off-campus study into your education at Bowdoin. Please note that the College needs to maintain a reasonable balance of numbers between the fall and spring semesters, and may not be able to approve all students for their first choice of semester. It is recommended that you choose the fall if possible, as it is usually less popular. In approving applications for a particular semester, priority will be given to students who demonstrate that their preference is based on good academic planning.

1. List the Bowdoin courses, by semester, that you have taken or plan to take and will serve as preparation for your off-campus study:

_____	_____
_____	_____
_____	_____
_____	_____

2. Upon return to Bowdoin, what courses do you plan to take that will be connected with your off-campus study?

_____	_____
_____	_____
_____	_____

3. If you prefer a particular semester for off-campus study because you *must* take a Bowdoin course for your major(s) in the other semester, please give the course title(s), code(s), and semester here:

_____	_____
_____	_____

4. State any other reasons, curricular or extracurricular, for your preference of semester:

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I have read and understand Bowdoin's *Guidelines for Off-Campus Study*, and discussed my plans in detail with my major advisor(s). I will observe Bowdoin's rules for participation in off-campus study if approved.

Student's signature _____ Date _____



FOR FACULTY ADVISOR. Students are expected to develop their plans in accordance with the advice of a faculty advisor in their intended major. The student's advisors (one for each major) are asked to review all the responses on the completed application, and sign below if they are satisfied that the student has presented compelling academic reasons for his/her choice of program and semester. Advisors may also sign under Department Credit overleaf to indicate provisional approval of a course for credit toward the major. You may add comments or conditions there or in the box below if you wish.

Sign _____ Name _____ Dept. _____ Date _____

Sign _____ Name _____ Dept. _____ Date _____

Additional comments:
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