



## Student Study Away Agreement

for approved study at \_\_\_\_\_  
(Host Institution)

<b>Section I - To be completed by the student</b>	
Name:	Trinity College ID#:
Study Abroad Program Name:	Host Institution Address (including telephone #):
Study Abroad Location (Country):	Host Institution Contact Person:
Consortium Period:    ____ Fall Term        ____ Spring Term        ____ Summer Term	
Number of Trinity College credit hours you will be enrolled in:        _____	
Have you received approval of these credits from your academic advisor:    Yes ____    No ____	
<b>Under this study away agreement, you (the student) agree that you will:</b>	
<ol style="list-style-type: none"> <li>1. Be enrolled in a degree program at Trinity College.</li> <li>2. Maintain satisfactory academic progress.</li> <li>3. Take courses at the Host Institution which are transferable to your Trinity College degree as certified by your academic advisor.</li> <li>4. Notify Trinity College International Programs Office if you do not begin attendance in the courses approved for this study away agreement.</li> <li>5. Immediately inform Trinity College and the Host Institution of any changes in enrollment status, including withdrawing from all courses or substitution of approved courses.</li> <li>6. Ensure that the Host Institution provides Trinity College with an academic transcript upon completion of the study away period.</li> <li>7. If a financial aid recipient, submit all required financial aid documents by the published deadlines.</li> <li>8. Pay tuition, fees, and other expenses as charged by Trinity College and/or the Host Institution.</li> </ol>	
Student's Signature:	Date:
E-Mail Address:	Campus Telephone:

**Please return this completed form to the Trinity College Financial Aid Office**