**STUDY ABROAD PROGRAM PETITION FORM**

*Non-Gordon College Programs*

Students intending to make application to study abroad programs in other than Gordon College-sponsored, CCCU-sponsored or “Approved” programs must petition the Global Education Committee prior to program application to assure appropriate transfer of credits.

Once you have identified a program of interest the following steps should be followed:

1) Complete the necessary background research needed to complete the questions on page 2 of this form.

2) Meet with your advisor to review the program information and obtain his/her signature. Programs should be chosen and approved by advisors on the basis of:
   - potential contribution to the student’s curriculum,
   - the fit of the program with Gordon’s mission
   - the improbability that the student could benefit from existing approved programs, and
   - the quality, accreditation, and safety of the proposed program.

3) Submit the completed form along with supporting documentation to the Global Education Office by the following deadlines:
   - February 1 for the following fall
   - October 1 for the following spring
   - April 1 for summer programs.

**Do not assume the program will be approved.** You will be notified of the final approval decision by email. Please be sure to answer every question (incomplete forms will delay approval).

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Name: ____________________________
ID#: ____________________________

Email Address: ____________________________

Major(s): ____________________________
GPA: ____________________________

Class Standing: FR SO JR SR
Pike Scholar: YES NO
On a separate response sheet, please answer the following key questions for consideration by the Global Education Committee:

**PROGRAM NAME**
Identify the name and location of the program (please include such information as website, catalogue, brochure, etc.) Referral to attached documentation is OK.

**PROGRAM DATES**
Which semester are you planning to study off campus? What are the program dates? What is the application deadline for the semester you plan to participate? Will any sort of orientation be provided? Please describe.

**HOUSING**
What are the accommodations for housing?

**SAFETY ISSUES**
Are there any safety issues that you, your parents, or your advisor are aware of at the site of the program? Please check the State Department website (www.state.gov) to verify.

**POTENTIAL CONTRIBUTION TO THE STUDENT’S CURRICULUM**
In what ways will participation in this program enhance the your learning and give opportunity for unique curricular experiences?

**IN WHAT WAYS DOES THIS PROGRAM ENHANCE YOUR GORDON EXPERIENCE?**
The key aspects of Gordon’s mission involve intellectual maturity, Christian character, servanthood and leadership. How might this program speak to one or all of these key aspects?

**PROGRAM CHOICE**
What are your reasons for choosing this program? What is unique about it? Are you considering any other program? If so, please list.

**ACCREDITATION**
Is the program sponsored by an accredited US institution or a foreign accrediting body? If so, which one? What other colleges or universities have sent students on this program? Please attach a list. If you have spoken with a contact person, include the person’s name, title, phone number, and e-mail address.
**COURSE SELECTION**  
*(To be completed by student)*

Please work with your advisor to complete the chart below. You should consult the catalog or the program contact to obtain this information.

<table>
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<th>Course Name</th>
<th># of Credits (US Equivalency)</th>
<th>Graduation Fulfillment (Core/Major/Elective)</th>
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Total Credits:

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**ADVISOR RECOMMENDATION**  
*(To be completed by advisor)*

**ADVISORS:** Programs should be chosen and approved by advisors on the basis of:

1) The potential contribution to the student’s curriculum,  
2) The fit of the program with Gordon’s mission  
3) The improbability that the student could benefit from existing approved programs, and  
4) The quality, accreditation, and safety of the proposed program

**Overall Evaluation of the Program**

___ Highly recommend  
___ Recommend  
___ Recommend with reservation  
___ Do not recommend

Do you approve of the student’s choice of courses?    YES    NO

Comments:

Advisor Name: ____________________________________________________________

Signature: ________________________________________ Date: ________________