

Application for Grinnell College Approval to Study Off Campus

Return the original of this application and two photocopies to the OCS Office by Friday, December 11, 2009, 5:00 p.m. Sections I and II must be completed both on this application and on-line at www.grinnell.edu/offices/ocs/applying. Complete the on-line form and attach a printout of the information to the top of this application as a cover-sheet.

I. PERSONAL INFORMATION

Name _____ Username _____
Preferred First Name _____
Box _____ Grad Year _____ ID # _____ Major _____
 Declared Intended
Current Adviser(s) _____ Concentration _____
 Declared Intended

II. PROGRAM CHOICES

Fall 2010: *First Choice Second Choice

Program name from OCS website _____

Fall-semester program application deadline ** _____

Spring 2011: *First Choice Second-Choice

Program name from OCS website *** _____

Spring-semester program application deadline ** _____

* You are normally required to list both a fall and spring program. See application instructions, Part II, for details.

** If the program has an early and a final deadline, list the earlier one. If on rolling admissions, write "rolling".

*** If your program is the same in both semesters, write "same".

Applications for year-long programs must be made on a separate application form available from the OCS Director.

III. APPROVAL SIGNATURES

Student: Your signature indicates you have discussed your off-campus study plans with your academic adviser(s) and the Campus Program Adviser and have read both the application instructions and OCS Handbook.

_____ Date _____

Program Adviser: Your signature indicates that you have discussed this OCS program with the student.

Fall-Semester Program
Campus Program Adviser _____ Date _____

Spring-Semester Program
Campus Program Adviser _____ Date _____

Academic Adviser(s): .Signature required in Part VII A & B for approval of program(s), essay, four-year plans.
.Signature required in Part VI A & B if OCS courses are to count towards major.

Name _____

IV. RECOMMENDATION FORMS

List the two faculty members who will be submitting the recommendation forms included in this application.

1. _____ 2. _____

V. ESSAY

Be sure to read “Program Choices”, Part II of the application instructions, before starting this section. Essays are carefully considered in awarding first-choice programs and semesters. **Maximum length is four pages, organized in sections with the following headings:**

- **Rationale: Fall-Semester Program**

What is the name of the program? Is it your first-choice, second-choice, or equally preferred to the spring program?

Prepare this section of the essay in consultation with your academic adviser(s), who must approve your OCS program choice in the context of your four-year plan. Provide a statement about how studying off-campus will deepen and supplement your education at Grinnell by explaining your choice of program in terms of its relationship to your overall past and intended college coursework in your major, concentration, and/or other areas of interest. In addition, describe how this program will enhance your liberal arts education. Give examples of ways in which you will have prepared yourself, both academically and personally, for this off-campus experience and how you will build on it after your return. Discuss any additional objectives you may have that are not directly related to your primary academic goals for attending the program.

Do not discuss semester preference in this section. See “Reasons behind First-Choice Semester”.

If your Adviser is providing a statement to the OCS Board indicating that you cannot, for academic reasons, study off campus in this semester, write “academic impediment” in this section. (See instructions, parts VII & VIII.)

- **Rationale: Spring-Semester Program**

Follow the directions given above under Fall-Semester Program. If your program is the same in both semesters, write “same as above” in this section. If you will be a senior and can study off campus only in the fall, write “senior” in this section.

- **Reasons behind First-Choice Semester**

Provide a detailed explanation of the reasons behind your first-choice semester. Compelling academic considerations are given highest priority, but you may also cite other factors, including extra-curricular and personal ones. All of the reasons given will be taken into account and compared with those of other students. Your self-described academic and personal situation, along with your rationale, GPA and recommendations, are all weighed together in a semester-allocation process based on relative merit and need. Remember that since not everyone can be awarded their first-choice semester, it is important to be flexible. If you don’t have a strong preference, please indicate this clearly since you may open up a space in a particular semester for someone else.

- **GPA Considerations**

If your cumulative GPA is expected to be lower than the required minimum of 2.75 but higher than 2.50 at the end of fall semester, make an appointment with the OCS Director to discuss this section, where you will provide an explanation of the difficulties you have encountered and plans for improving your academic performance.

VII-A FOUR-YEAR PLAN INCORPORATING FALL-SEMESTER OCS PROGRAM

- Write “OCS” in the appropriate fall semester rather than repeating the OCS courses included in Part VI.
- Designate courses counting towards your major with an “M” and towards your concentration with a “C”.

Dept./Course #	M/ C	Course Title	Dept./Course #	M/ C	Course Title
1st Year FALL			SPRING		

2nd Year FALL			SPRING		

3rd Year FALL			SPRING		

4th Year FALL			SPRING		

Academic Adviser: Your signature indicates approval of the student’s choice of OCS program for the fall semester of 2010, based on the academic rationale provided in the application essay and supported by the four-year plan above.
 It is normally required that both a fall and spring semester program option be included in this application. However, if the student is not able to study off campus in the fall semester of 2010 for substantive academic reasons, the Off-Campus Study Board may waive this requirement on the basis of your statement in part VIII of this application on page 7.

If declared: Academic Adviser(s) _____	Date _____
_____	Date _____
If not declared: Current Adviser _____	Date _____
<u>and</u> Intended Academic Adviser(s) _____	Date _____
_____	Date _____

VII-A FOUR-YEAR PLAN INCORPORATING SPRING-SEMESTER OCS PROGRAM

- Write “OCS” in the appropriate fall semester rather than repeating the OCS courses included in Part VI.
- Designate courses counting towards your major with an “M” and towards your concentration with a “C”.

Dept./Course #	M/ C	Course Title	Dept./Course #	M/ C	Course Title
1st Year		FALL	SPRING		
2nd Year		FALL	SPRING		
3rd Year		FALL	SPRING		
4th Year		FALL	SPRING		

Academic Adviser: Your signature indicates approval of the student’s choice of OCS program for the spring semester of 2011, based on the academic rationale provided in the application essay and supported by the four-year plan above. It is normally required that both a fall and spring semester program option be included in this application. However, if the student is not able to study off campus in the spring semester of 2011 for substantive academic reasons, the Off-Campus Study Board may waive this requirement on the basis of your statement in part VIII of this application on page 7.

If declared: Academic Adviser(s) _____ Date _____
 _____ Date _____
 If not declared: Current Adviser _____ Date _____
and Intended Academic Adviser(s) _____ Date _____
 _____ Date _____

VIII. ADVISER STATEMENT

APPLICATION FOR GRINNELL COLLEGE APPROVAL TO STUDY OFF CAMPUS

Academic impediment to studying off campus in fall or spring of 2010-11

Please Return to Off-Campus Study Office, Macy House 108
by Monday, December 7, 2009*

Academic Adviser (s): A student may not, for academic reasons, be able to study off campus in a particular semester . If there is a substantive academic impediment preventing this student from participating in an off-campus study program in the fall or spring semester of next year, the Off-Campus Study Board requires a written explanation.

Normally, the Off-Campus Study Board will consider only the following reasons:

- . Inability otherwise to complete the major
- . Inability otherwise to complete a concentration
- . Inability to take courses in the appropriate sequence
- . Inability to complete the prerequisites for the program

Non-academic, extra-curricular or personal considerations should not be included.

To: Off-Campus Study Board
From: Academic Adviser _____
Re: OCS applicant _____

This student cannot or should not study off campus in: Fall 2010 Spring 2011

Reason:

Academic Adviser signature _____

*Since students must apply for both a fall- and a spring-semester off-campus study option unless exempted from this requirement by the Off-Campus Study Board, it is important to submit this form in advance of the December 12th OCS application deadline. It may be returned to the OCS Office at any time during the fall semester.

FACULTY RECOMMENDATION

APPLICATION FOR GRINNELL COLLEGE APPROVAL TO STUDY OFF CAMPUS

Please Return to Off-Campus Study Office, Macy House 108
by Friday, December 11, 2009

Name of Student _____ Class Year _____
Last First

Fall 2010 Program: _____

Spring 2011 Program : _____

Provider of Recommendation (Print name): _____

Applicant Waiver: I waive my right to inspect and review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications to study off-campus. This form will not be made available to any other institution or private party without my permission, and I understand that it will not be made a part of my permanent student record.

Student Signature _____ Date _____

Student: Please request recommendations from two professors from whom you have taken a course. You should offer to discuss your OCS plans and provide any additional information that may be requested. **If your program is located in a country where the language spoken is taught at Grinnell, one of your recommenders must be from the appropriate language department.** Make sure that your recommender is aware of the deadline for returning this form to the OCS Office.

Faculty Member: The Off-Campus Study Board requests your evaluation of this student.

It is not required that this form be accompanied by a letter.

Please indicate in what capacity and for how long have you have known the applicant:

	No Information	Below Average	Average	Good	Excellent	Outstanding
Intellectual ability	_____	_____	_____	_____	_____	_____
Academic motivation	_____	_____	_____	_____	_____	_____
Preparation for class	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____

Highly Recommend
 Recommend
 Recommend with qualifications
 Do not recommend

If you do not recommend this student or your recommendation is qualified in any way, please explain on the other side or additional page.

Faculty Signature _____ Date _____

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Please indicate in what capacity and for how long you have known the applicant:

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Intellectual ability	_____	_____	_____	_____	_____	_____
Academic motivation	_____	_____	_____	_____	_____	_____
Preparation for class	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____

Highly Recommend
 Recommend
 Recommend with qualifications
 Do not recommend

If you do not recommend this student or your recommendation is qualified in any way, please explain on the other side or additional page.

Faculty Signature _____ Date _____