Ashland University Honors Program
Honors Study Abroad Experience Petition

An Honors student participating in a Study Abroad Experience with an academic component related to the Honors Program Mission Statement may use this form to request a waiver of the Honors Elective. This form must be completed prior to the beginning of the Study Abroad Experience, and the student must submit a Course Substitution and Waiver Form signed by his/her advisor and the Honors Program Director upon completion of the Study Abroad Experience to the Registrar’s Office. No Honors Program academic credit will be awarded for this experience, although the student may receive academic credit from the university.

Student’s Name: _______________________________  Student # ________________

Describe as fully as possible the Study Abroad Experience for which you are requesting a waiver of the Honors Elective. You may attach the sponsoring organization’s description of the Study Abroad Experience.
The Honors Program Mission Statement is “The Honors Program offers academically talented undergraduate students cross-disciplinary experiences, participation in an intellectual community devoted to discussion and dialogue, and special projects and courses that challenge the mind.” Describe how this Study Abroad Experience is related to the Honors Program Mission Statement.

Student’s signature_________________________________________ Date:_______

This petition will be reviewed by the Honors Program Advisory Committee. At the request of this committee, the Honors Program Director may require you to complete additional work beyond the normal expectations of the Study Abroad Experience in order to waive the Honors Elective. In particular, Study Abroad Experiences connected directly to Ashland University courses will almost always require a student to complete additional work.

Will this Study Abroad Experience require you to complete additional work? ___Yes ___No If Yes, describe in detail the additional work you will complete. Sheets may be attached to this contract as needed to fully describe this work.

Honors Program Director’s signature:____________________________ Date:_______