

Name:



IEC Semester Away Learning Agreement

SECTION #1: GENERAL INFORMATION

This form is to be used by any student wishing to apply to a semester away program including the **MassArt Exchange Program**, the **AICAD Mobility Program** or an approved **Third-Party Provider Program**. Sections #1 and #2 must be completed and submitted to the International Education Office (IEC) before applying to the away program. After the student is accepted and arrives on campus at the Host Institution, the student has two weeks to complete section #3.

MassArt Major:

| Student ID#:DOB: | | | | | | |
|--|--|--|--|--|--|--|
| Semester Abroad: Host Institution: | | | | | | |
| ☐ Fall 20 (due March 15) | Na | Name: | | | | |
| ☐ Spring 20(due October 15) | Cit | City: | | | | |
| ☐ Summer 20(due March 15) | Co | Country: | | | | |
| | Th | Third Party Provider Name (if Applicable): | | | | |
| SECTION #2: PRE-APPLICATION L In this section, please indicate the classes you plan to take abroa MassArt in the "MassArt Course Equivalencies" tables on page 2 Advisor or Department Chair. History of Art classes and Liberal A | ad in the "Proposed F 2. Please note, major | Program Abroad" table and the studio requirements will nee | d to be approved by your Faculty | | | |
| Proposed Program Abroad | | to so approved by the region | and solow on page 2 | | | |
| Host Institution's Class Name List here the classes you plan to take abroad. | Credits | Type of Credit (ECTS, U.S., Other?) | U.S./MassArt Equivalent Credit Amount | | | |
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| TOTAL: | | | | | | |



not change from the one listed above.

TOTAL EXPECTED MASSART CREDITS:_



| Name: | DOB: | | | |
|---|--------------------------------|--------------------------|---------------------------|-------------------------------------|
| Student ID#: | DOB:_ | | | |
| MassArt Course Equivalencie In this table, please list here each major req get their approval below. | • | | ase make an appointm | nent with your Faculty Advisor to |
| Class Name and Code | Credits | Faculty Advisor S | Signature* | Date |
| | | | | |
| | | | | |
| *By signing above, you are agreeing to allow | | | | |
| only be applied to the student's transcript as t Host Institution in the course proposed above deemed the student's faculty advisor upon re | and the student passes a pol | tfolio review with you, | | |
| MassArt Course Equivalencie In this table, please list all studio electives y | | st Institution. | | |
| Class Name and Code | | Credits | | |
| | | | | |
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| MassArt Course Equivalencie In this table, please list all History of Art and the Registrar's approval below. | <u> </u> | | | visit the Registrar's Office to get |
| Class Name and Code Credit | | Registrar's Signature** | | Date |
| | | | | |
| | | | | |
| **By signing above, you are agreeing to allow | this student to attempt the co | ourses listed at the Hos | at Institution Credit wil | Il only be applied to the student's |