



WESTMONT COLLEGE OFF-CAMPUS PROGRAMS APPLICATION

BIOGRAPHICAL INFORMATION

Name: _____
Last First Middle Initial

Student ID: _____ Social Security: _____

Date of Birth: _____ Mail Box: _____

Phone: _____ Cell Phone : _____

Westmont E-mail: _____ Other/Personal E-mail: _____

Permanent Address: _____
Street

City State Zip

Parent/Guardian Name (Emergency Contact): _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Are you a U.S. citizen? _____ If no, country of citizenship: _____

If not a U.S. citizen, are you a permanent U.S. resident? _____

Full Name as it appears on your passport: _____

Passport Number: _____ Passport Agency/Authority: _____

Date of Issue: _____ Date of Expiration: _____

ACADEMIC INFORMATION

Current Class Standing: Fr. So. Jr. Sr. Graduation Date: _____

Major: _____ Minor: _____

Program you are Applying for: _____

Term/ Year: Fall 20_____ (Sept - Dec) Spring 20_____ (Jan - May)

Please state how this program suits your academic and personal goals:

ADVISORS APPROVAL FOR PARTICIPATION IN PROGRAM

Advisor's Name: _____ Signature: _____ Date: _____

STUDENT LIFE CLEARANCE (To be filled out by the Student Life Office)

- This student has not received a disciplinary sanction from the Student Life Office.
- This student has received a disciplinary sanction(s) from the Student Life Office. For further information, please contact us.
- This student is currently on disciplinary probation. For further information, please contact us.

Name: _____ Signature: _____

RECORDS OFFICE APPROVAL (To be filled out by the Records Office)

- Informed about requirement for pre-approval of credit forms. Forms must be submitted to Student Records Office by OCP Confirmation Deadline
- Applicant has at least a 2.3 gpa—please circle YES NO
- Officially declared major(s) and minor (s) if 59 units will be completed by end of current semester.

If you will have completed 70 units by the end of the current semester

- Informed about requirement for an Application for Degree for every major(s) and minor(s) you intend to complete. Forms must be submitted to Student Records Office by OCP Confirmation Deadline.

Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING, PERMISSION FOR RELEASE OF INFORMATION, AND WITHDRAWAL DEADLINES

11. I certify the information given on this application to be correct and I agree to abide by all the rules, regulations, and requirements of Westmont College and the Off-Campus Programs Department.
2. I understand that my participation in an Off-Campus Program is conditional upon (a) obtaining medical clearance, (b) maintaining satisfactory academic standing in Westmont College, (c) my application being reviewed and approved by those responsible for selection, (d) in certain cases, acceptance by the host institution. It may also be contingent on the availability of appropriate facilities or services at the host institution to provide for any special health conditions I may have.
3. I hereby permit Off-Campus Programs to make the information contained in this set of application papers available to the parties directly involved in my placement in a host institution and to government agencies, such as consulates, for visa purposes.
4. I hereby authorize the registrar to release my academic records to Off-Campus Programs as required.
5. I hereby authorize those parties involved in my admission to an off-campus program to consult with the Student Life Department regarding my record as a member of the community.
6. I understand that if I wish to restrict disclosure of "directory" information, which is normally released by Off-Campus Programs without student consent, I must notify Off-Campus Programs in writing.
7. I understand that Off-Campus Programs students remain eligible for Westmont financial aid. Financial aid includes, but is not limited to, Title IV Federal Aid programs (with the exception of Federal Work Study) based on the student's financial need. In addition, I understand that Westmont grants and loans may only be used once for approved programs other than the Europe, England, Mexico and SF Urban Westmont programs.
8. I understand that I must be cleared with the Business Office and Chaplain's Office to register for the semester in question in order to participate in this Off-Campus Program as a Westmont student.
9. I have discussed my participation in this program with my academic advisor and have made the plans necessary to complete all parts of the general education and major program without special accommodation by Westmont College.
10. I understand that I may not enroll in two programs in consecutive semesters.
11. I understand that Westmont College will follow the grading policies (e.g. regarding pass/no pass availability, withdrawal deadlines) of the off campus program
12. I understand that if I end up changing my classes once I arrive at the program, I must contact my advisor and the records office immediately (records@westmont.edu) to receive approval for any changes.
13. I understand that students enrolling in an off-campus program are subject to all of the same registration deadlines and eligibility requirements as apply for on-campus registration.

Name of student: _____

Signature of student: _____ Date: _____

Please return to:

Off-Campus Programs Office, Westmont College, 955 La Paz Road, Santa Barbara, CA 93108-1099