



# Honors Program

## Petition to Waive HN492 while Studying Abroad

Print Name: \_\_\_\_\_

Millikin ID Number: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Academic Term Abroad: \_\_\_\_\_

Name of Study Abroad Program: \_\_\_\_\_

Study Abroad Location: \_\_\_\_\_

Important: If your typed text becomes too small to easily read, please attach a separate page with the relevant information. If multiple sections need attached separately, please specify each section. You may include multiple sections on the same page.

Brief summary of Study Abroad plans: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Honors Director Signature \_\_\_\_\_ Date \_\_\_\_\_

CIE Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with all signatures to the Honors Office, Shilling 103c.