



MILLIKIN UNIVERSITY®

Honors Program Petition to Waive IN492 while Studying Abroad

Print Name: _____

Millikin ID Number: _____

Academic Term Abroad: _____

Brief summary of study abroad plans: _____

Student signature _____ Date _____

Advisor signature _____ Date _____

Honor's Director signature _____ Date _____

CIE Director signature _____ Date _____

Registrar's signature _____ Date _____

Please return this form with all signatures to the Registrar's Office.