



MILLIKIN UNIVERSITY® 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.