



## WASHINGTON PROGRAM STUDENT CONTRACT

### Harvey Mudd, Pitzer, Pomona, and Scripps Students

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\_\_\_\_\_ I **understand** that upon signing this form I will be removed from on-campus housing for  
Initials the semester I am in Washington, DC.

\_\_\_\_\_ I **understand** that I will pay tuition and program fees to my home institution as per my  
Initials college's policy.

\_\_\_\_\_ I **understand** that I will arrange my housing direct with a landlord in Washington. I will  
Initials contract the lease, make payments, be a responsible tenant, and notify of vacancy in a  
timely manner. I understand that meals are my own responsibility.

\_\_\_\_\_ I **understand** that CMC does not cover expenses for the semester relating to medical  
Initials exams, cell phones, internet access, entertainment, laundry, and personal expenses.

\_\_\_\_\_ I **understand** that it is my responsibility to arrange for travel to and from the Washington  
Initials Program. CMC will reimburse travel as per the published Washington Program guidelines.

\_\_\_\_\_ I **understand** that I am required to participate in the program in its entirety including  
Initials orientation and final exams. Late arrival and early departures are not allowed.

\_\_\_\_\_ I **understand** that I am required to retain adequate medical and accident coverage. I will  
Initials research the claims process and find medical providers that will work with my coverage.

\_\_\_\_\_ I **understand** that I will be expected to attend all pre-departure meetings or make other  
Initials arrangements with the OCS office to obtain the information discussed or distributed at the  
meetings.

\_\_\_\_\_ I **understand** that I must actively pursue and arrange for an internship in Washington for  
Initials the semester. I am expected to answer inquiries from Dr. Spalding, the OCS office, and my  
prospective intern supervisors.

\_\_\_\_\_ I **understand that final approval is subject to clearance of my academic, financial, and  
Initials disciplinary standing.** Students must have all off-campus study forms completed and  
submitted before clearance to go off-campus is finalized.

\_\_\_\_\_ I **understand** that I need to follow my home campus registrar's guidelines to enroll in CMC  
Initials Govt 30, 125, 126, and 127.

\_\_\_\_\_ **I understand** that I must remain enrolled in all courses and not drop a course or the  
Initials internship while on the program. I will have good attendance for courses, speakers, and  
my internship.

\_\_\_\_\_ **I understand** that I may be dismissed from the program if I am terminated from my  
Initials internship or I am unable to complete my coursework as determined by the Program  
Director and the CMC Academic Standards Committee (ASC) after conducting a thorough  
investigation.

\_\_\_\_\_ **I understand** my pre-registration for courses following the Washington Program will be  
Initials arranged through my home campus Registrar's Office.

\_\_\_\_\_ **I understand** that CMC's guide to Student Life, Basic Rule of Conduct, and Statement of  
Initials Academic Policies govern student conduct while on the Washington Program.

\_\_\_\_\_ **I understand** that if I withdraw from the Washington Program, I must notify the  
Initials Off-Campus Study Office **in writing** of my intention to remain in Claremont and that  
**on-campus housing availability is subject to the policy of my home institution.** I will be  
subject to the policies of my home campus for return to campus and continued  
admittance.

\_\_\_\_\_ **I understand** that a \$500 withdraw fee will be charged to my student account should I  
Initials decide to withdraw from the program. Exceptions to this fee will be made for documented  
medical reasons for withdrawing.

\_\_\_\_\_  
Student SIGNATURE

\_\_\_\_\_  
DATE

Printed Name: \_\_\_\_\_

**Clearance to go off-campus signatures:**

Please check with the following offices and obtain signatures as indicated to insure that all  
necessary arrangement have been made for you to leave campus next semester.

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**Residential Life/Housing - DEAN OF STUDENTS:** This student does not have any disciplinary  
charges pending. This student is cleared to go off-campus and has paid all outstanding dorm  
damage charges pending.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Printed Name/Title: \_\_\_\_\_

**Form Continues on Next Page**

**STUDENT ACCOUNTS:** This student is in good financial standing with his/her college and has no outstanding charges.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Printed Name/Title: \_\_\_\_\_



**REGISTRAR'S OFFICE:** This student has his/her home college's permission to attend the Washington Program and has been advised on how to register for program courses and how to pre-register for courses while off-campus the following semester.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Printed Name/Title: \_\_\_\_\_



**Pitzer Students:** Students must have prior clearance from the Study Abroad Committee. Please go to the Director of Pitzer Study Abroad for the below verification of approval:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Printed Name/Title: \_\_\_\_\_



**Pomona Students:** This student has met with the Financial Aid office to discuss how living off-campus will impact their Pomona financial aid.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Printed Name/Title: \_\_\_\_\_