

**EXCHANGE PROGRAM - ACADEMIC PLANNING FORM**

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** 10 U.S.C. 6957 Section A: Exchange Programs with Foreign Military, USNAINST 5700.2F: Semester Study Abroad Program Guidelines, USNAINST 1531.34: Service Academy Exchange Program, DoDI 1322.22: Service Academies, and [SORN N01531-1](#).

**PURPOSE:** To record and approve the courses midshipmen will complete while participating in the Semester Study Abroad Program, or the Service Academy Exchange Program, and during their first return semester.

**ROUTINE USE(S):** Used by senior advisors and department chairs to ensure that exchange courses meet validation requirements, by the Academic Advising Office to ensure that listed courses maintain the graduation timeline, and by the International Programs Office to ensure the plan is executed effectively and efficiently.

**DISCLOSURE:** Voluntary. Failure to disclose the required information could result in midshipman's removal from the designated exchange program.

Return to the Deputy Director of Academic Advising (DDAA), give a copy to your advisor, and retain a copy for yourself.

**SECTION A. MIDSHIPMAN INFORMATION**

1. NAME:	2. DATE:	3. EXCHANGE SEMESTER:	4. ALPHA:	5. MAJOR:	6. CO:
7. SENIOR ADVISER NAME:		8. SENIOR ADVISER EXTENSION:	9. DEPARTMENT CHAIR NAME:		10. DEPARTMENT CHAIR EXTENSION:

**SECTION B. HOST INSTITUTION**

**SECTION C. NAVAL ACADEMY EQUIVALENT COURSES FOR WHICH YOU HOPE TO EARN CREDITS**

11. DESIGNATOR:	12. TITLE:	13. DESIGNATOR:	14. TITLE:	15. CREDITS:	16. RETURN LAB REQUIRED (Y/N):	17. DEPT. CHAIR/SAA PRINTED NAME AND INITIALS	18. DEPT. CHAIR/SAA EXTENSION
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
TOTAL CREDITS:							

**SECTION D. USNA FACULTY MEMBER:**

**SECTION E. NAVAL ACADEMY COURSE FOR WHICH YOU HOPE TO EARN CREDITS BY WORKING INDEPENDENTLY UNDER THE GUIDANCE OF A USNA FACULTY MEMBER. (VERY RARE SCEANARIO)**

19. DEPARTMENT:	20. NAME:	21. DESIGNATOR:	22. TITLE:	23. CREDITS:	24. CHAIR APPROVAL:	25. ADAA APPROVAL:

SECTION F. LANGUAGES & CULTURAL DEPT.		SECTION G. STATUS OF LANGUAGE MINOR	
26. MIDN SEEKING MINOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		28. NUMBER OF COURSE REQUIRED TO COMPLETE THE MINOR UPON RETURN FROM SSA? 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/>	
27. LANGUAGE:		29. VERIFIED BY (PLEASE PRINT):	30. EXTENSION:
31. DESIGNATOR:	32. USNA COURSE TITLE:	33. CREDITS:	34. PREFERENCES:
TOTAL CREDITS:			<b>Cannot Exceed 23 Credits without ADAA approval.</b>
SECTION H. SIGNATURES AND APPROVALS			
<i>I approve of the academic program and proposed preregistration for MIDN</i> _____			
Please indicate below if an approval contingency must be considered by the ADAA prior to the midshipman's departure (Y/N). Approval contingencies are not generally expected, however if a department has a specific issue that must be addressed, they may attach a separate memorandum with department chair approval.			
35. DEPARTMENT CHAIR OR SENIOR ACADEMIC ADVISOR (SIGNATURE):		36. PRINTED/TYPED NAME:	37. DATE:
38. DIVISION DIRECTOR OR DESIGNATED REPRESENTATIVE (SIGNATURE):		39. PRINTED/TYPED NAME:	40. DATE:
<b>Changes to the academic program at the host academy MUST BE APPROVED by the DDAA.</b> <b>email: DDAA@usna.edu phone: 410-293-1594 (commercial), 281-1594 (DSN) fax: 410-293-6974</b>			