

Education Abroad Approval

Faculty-Led Program Withdrawal Form

APPLICANT INFORMATION	
Name (Last, first, middle initial)	Date
Program Name	B Number
Email address	Primary phone number
Cancellation & Refund Policies	
If a student withdraws from the program after the faculty-led pro the withdrawal policies outlined on the application item "Paymen Withdrawal Policy".	•
 It is the student's responsibility to notify the faculty leaded Director of Education Abroad. I understand that my withdrawal may affect my financial Financial Aid, including any scholarships awarded specific I understand that I may submit a consideration for Medic outlined on my "Payment Policies Acknowledgement: Ca I understand that if I hold an F1 or J1 visa, withdrawing o have serious immigration consequences and that I will conservices for more information. 	aid for the study abroad term, as determined by cally by Education Abroad. cal/Extenuating Circumstances Withdrawal ncellation & Withdrawal Policy" with this form. r dropping below full-time enrollment status may
I acknowledge that I have reviewed the "Payment Policies Acknown on my application and understand the withdrawal policies. I und this completed form has been submitted to Education Abroad. Up notified of the financial commitment that I have incurred from Up	lerstand that my withdrawal is not official until pon the receipt of my withdrawal, I will be
Student Signature	
	Date
For Administrative Use Only:	Date Date received:
For Administrative Use Only: Insurance Canceled	
·	Date received:
Insurance Canceled	Date received: Date:
Insurance Canceled Terra Dotta Application Withdrawn	Date received: Date: Date:

Date