

Faculty-Led Program Withdrawal Request Form

APPLICANT INFORMATION

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|------------------------------------|----------------------|
| 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 program application deadline, s/he will be liable for the withdrawal policies outlined on the application item "Payment Policies Acknowledgement".

- It is the student's responsibility to notify the faculty leader of the withdrawal and submit this form to the Director of Education Abroad.
- I understand that my withdrawal may affect my financial aid for the study abroad term, as determined by Financial Aid, including any scholarships awarded specifically by Education Abroad.
- I understand that I may submit an appeal for Medical/Compassionate Withdrawal outlined, on page 2 of this Withdrawal Request Form.
- I understand that if I hold an F1 or J1 visa, withdrawing or dropping below full-time enrollment status may have serious immigration consequences and that I will contact the International Students and Scholar Services for more information.

I acknowledge that I have reviewed the "Payment Policies Acknowledgement" on my application and understand the withdrawal policies. I understand that my withdrawal is not official until this completed form has been submitted to Education Abroad. Upon the receipt of my withdrawal, I will be notified of the financial commitment that I have incurred from UAB.

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| Student Signature | Date |
|-------------------|------|

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| For Administrative Use Only: | Date received: |
| Insurance Canceled | Date: |
| Terra Dotta Application Withdrawn | Date: |
| Faculty Leader Notified of Withdrawal | Date: |
| Education Abroad Scholarships Retracted | Date: |
| Financial Aid and Scholarships Notified of Withdrawal | Date: |
| | |
| Education Abroad Approval | Date |

Request for Faculty-Led Program Withdrawal Form

Medical Withdrawal - This form must be accompanied by an original letter from your health care provider, documenting the date of onset of illness, dates of medical care, general nature of your medical condition, why/how it prevented you from participating in your study abroad program and the date your health care provider determined you were unable to participate in your study abroad program. The original letter must be typed on your health care provider's letterhead stationery and submitted in a sealed envelope.

Compassionate Withdrawal - This form must be accompanied by documentation appropriate to your situation. Contact Education Abroad to determine what documentation will be acceptable for your specific situation.

I request medical/compassionate withdrawal from my study abroad program as indicated above and supported by the attached documentation.

- I hereby grant permission to contact any of the documentation/information providers.
- I confirm that the information provided is accurate and complete and I understand that falsification may result in disciplinary action up to and including suspension or expulsion from the university.
- I understand that an approved medical/compassionate withdrawal cannot be reversed.
- I understand that this medical/compassionate withdrawal request applies only to my study abroad program and not to any other course or program in which I am enrolled at UAB.
- I understand that in order to withdraw from academic coursework or other programs, I must submit a withdrawal request per the procedures outlined in the current UAB Catalog.

I acknowledge that I have reviewed the "Payment Policies Acknowledgement" and understand the withdrawal policies, inclusive of the medical/compassionate withdrawal terms. I understand that my withdrawal is not official until this completed form has been submitted to Education Abroad.

I acknowledge that I understand the above statement:

Student Signature or Parent/Guardian (of minor student)

Date

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|---|---------------|---|
| To be completed by the Medical/Compassionate Withdrawal UAB EA Authorized Signatory | | Date received: |
| Comments/Actions: | | Approval (Check One): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| Signature of Authorized Signatory | Printed Name: | Date: |
| <p>All documentation submitted with this form is retained by Education Abroad and is not copied or forwarded to any other office or department without explicit consent from the student.</p> <ul style="list-style-type: none"> • If request is disapproved: A scanned copy of the original request is retained in Terra Dotta. • If request is approved: A scanned copy of the request is retained in Terra Dotta and appropriate documentation is completed to adjust or refund charges as recommended by the Signatory. | | |