

ACCEPTANCE OF ADMISSION TO STUDY ABROAD/OFF CAMPUS

Please check one box and fill blanks in as appropriate:

I, _____ hereby ACCEPT my offer of admission to study
(print name)

off campus during _____ 200__ in _____.
(semester) (location of program)

I have decided NOT to accept the place on this program and wish to withdraw my application.

If you are ACCEPTING the offer, please check one box below:

Because I am accepting the above offer, I would like to WITHDRAW my application to the following program(s) for which I may be waitlisted or accepted

(location of program)

(location of program)

I would like to STAY on the waitlist for the following program(s):

(location of program)

(location of program)

I am not waitlisted or accepted to any other program(s).

My \$350 NON-REFUNDABLE deposit has been paid to the business office in order to hold my place in this program. I understand that most HWS off campus programs have waiting lists and agree that I will notify the CGE immediately if my plans change and I am unable to participate in the above program. Should I be accepted off the waitlist from a program I prefer, my deposit will be transferred to that program.

In addition, **I understand that I may be responsible for additional expenses beyond the \$350 if I withdraw from the program while it's in progress or less than 90 days before the program begins** or arrives at its scheduled site. Specifically, I will be held accountable for any expenditures made by HWS on my behalf that the CGE is unable to recoup from my untimely withdrawal, such as housing deposits, non-refundable hotel reservations, tuition payments to other schools, excursion deposits, contracts for coursework or internships arranged specifically on my behalf, etc.

Finally, I agree to meet all deadlines set by the CGE and my host institution off campus for paperwork, registration and housing, medical and legal forms, and visa documents, if required. Failure to meet these deadlines may cause me to forfeit my place in the program.

I agree to discuss this policy with my parent(s) BEFORE signing, if I am financially dependent.

(student signature)

(date)

PLEASE RETURN THIS FORM TO THE CENTER FOR GLOBAL EDUCATION, TRINITY HALL 3RD FLOOR