

# Study Abroad Withdrawal Form

**Please mail signed original to:**

Director of Study Abroad  
Office of International Programs  
304 Fairchild Hall  
Kansas State University  
Manhattan, KS 66506

## Participant Information

Name: \_\_\_\_\_  
Last First Middle Student ID number

Study abroad term: \_\_\_\_\_  
Term Year

Program/university/country: \_\_\_\_\_

Reason for withdrawal (if private, please discuss with your study abroad advisor):

## Financial Obligations as stated in the *Conditions of Participation Agreement and Release*:

### Exchanges, Affiliated Programs, and Direct Enrollments:

I understand that if I am dismissed from my program for violations of conduct, I will still be charged the full cost and will not receive any refund.

I understand that all application fees and deposits are non-refundable. I also understand that if I withdraw from a program after Dec. 1 for spring programs or after May 1 for fall, summer or academic year programs, I will be billed the study abroad administrative fee (\$450 for semester; \$200 for summer), despite not participating in the program.

### Faculty-led Study Abroad Programs:

I understand that if I am dismissed from the program for violations of conduct, I will still be charged the full cost and will not receive any refund.

I understand that all application fees and deposits are non-refundable. I also understand that if I withdraw from a program my \$150 (Faculty-led Study Abroad Administrative Fee) will not be refunded.

I understand that refunds are limited to recoverable expenses based on the structure of the program and the date of withdrawal.

## In the case of a refund, address where the refund should be sent:

\_\_\_\_\_  
Street City State Zipcode

**I confirm that everything on this form is correct and true to the best of my knowledge.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name