

UF Study Abroad Program Withdrawal Form

Last Name: _____ First Name: _____ UFID: _____

Name of Program: _____ Term: _____ Year: _____ Start Date: _____ End Date: _____

Study Abroad Advisor: _____ Your Email: _____ Your Phone: _____

Initial each one of the following statements to acknowledge:

- I understand that I must inform my Study Abroad Advisor, Faculty Program Director, and/or Third-Party Provider of my withdrawal.
- I understand that my deposit/service fee is non-refundable, but is transferable one time up to one year from now. I also understand that I must request this transfer in writing to my study abroad advisor.
- I understand UFIC's withdrawal policy and that I could potentially be held fee liable for program fees and/or non-refundable fees specific to my Study Abroad program.

The withdrawal deadline is the same as the application deadline. However, if withdrawing after the application deadline, you may be fee liable. Some programs have program-specific withdrawal/cancellation policies. Program-specific policies will always take precedence over the general cancellation policies outlined below. Please note, if you are directly enrolling with a third-party provider program such as ISA, AIFS, CIEE, etc., please notify the third-party provider of your withdrawal. Withdrawal/Cancellation fees will apply.

I understand that if I am withdrawing between:

- 45-60 days** of the program start I will be fee liable for **50%** of the program fee.
- 31-45 days** of the program start I will be fee liable for **75%** of the program fee.
- 0-30 days** of the program start I will be fee liable for **100%** of the program fee.

Reason for Withdrawal (Check one):

Medical* Family Emergency Funding Other

*Medical note required

If other, please explain:

Financial Aid:

- I have discussed all my financial aid options with Student Financial Affairs. **Yes** **No**
- I applied for a UFIC scholarship or other scholarships. **Yes** **No**
- I was awarded a UFIC scholarship. **Yes** **No**

Student Signature: _____ **Date:** _____

Staff Member/Advisor Accepting Form: _____ **Date:** _____

-----*Office Use Only*-----

Fee Liable _____ Not Fee Liable _____ Date _____ Director: _____

Deposit _____ Program Fee _____ UF Tuition _____

Comments: _____
