

Deposit and Attendance Confirmation Form

Complete this form and return with other application materials on designated deadline to:

Study Abroad Office

Program Confirmation and Conditions of Participation Agreement

By submitting this form I confirm my intention to participate in my chosen study abroad program. I understand that my student account **will** be charged the nonrefundable deposit specified for my program below after acceptance into the program:

I have read and understand the policies of the Study Abroad Office of Arkansas State University. By signing this form, I am acknowledging that I am liable for any circumstance that may be caused by me in relation to preparations to study abroad.

I understand that should I be accepted into the study abroad program for which I have applied, this acceptance agreement is a firm commitment to participate in this program. If an emergency makes it impossible for me to participate, I will notify the Study Abroad Office immediately in writing.

I understand it is my responsibility to complete all necessary forms and procedures by the deadlines, and attend all mandatory orientations and meetings as designated to me by the study abroad director and the Study Abroad Office. Failing to do so may result in dismissal from the program and forfeiture of fees.

I agree that if accepted into the program, I will work with the Study Abroad staff to complete my study abroad course registration on my A-State account. I understand that dropping from any study abroad course enrollment must be performed by the Study Abroad staff and that dropping from any part of the study abroad course enrollment on my account will result in a penalty fee of \$100 and my program registration can be reinstated.

If withdrawing from a program, I am responsible for any program fees already incurred, including non-refundable deposit, housing and airfare costs already incurred and if applicable. Further, if I choose to withdraw from any part of the program once I have arrived in-country, I agree to return home within three (3) days from the date of the withdrawal.

I agree that it is my responsibility to secure approval of courses and credit from my academic advisor prior to going abroad and to remain in contact with the appropriate advisors while on-site. I will contact my academic advisor and the study abroad director in this process. It is not the responsibility of the study abroad director to approve credit.

I understand it is my responsibility to review my financial obligation relevant to my study abroad experience.

I have read, understood and agree to abide by the above conditions of participation.

Student Signature		Date
Name (Finiteu).	Student #:	
Name (Printed):		
Host University/Country:	Term(s):	
I hereby accept placement at:		

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