



Case Western Reserve University

PROGRAM WITHDRAWAL FORM FOR SHORT-TERM STUDY ABROAD

Case Western Reserve University ♦ International Education Programs ♦ Department of Bioethics
10900 Euclid Avenue ♦ Cleveland, Ohio 44106-4976 ♦ Office: (216) 368-5377 ♦ Fax: (216) 368-8713

Students who wish to withdraw from a Case Western Reserve University Department of Bioethics Short-Term Study Abroad Program are required to do so by submitting this form. Withdrawals are effective the date the withdrawal form is received at The Department of Bioethics. It is not sufficient to hand the form to the instructor. You must get it to the Program Director or her assistant, Deborah Hawkins. Refunds (when applicable) will not be issued without a completed withdrawal form.

SHORT-TERM PROGRAM WITHDRAWAL FORM

By completing this form and submitting it to the Department of Bioethics, I am officially withdrawing from the short-term study abroad program indicated below. I understand **The Department of Bioethics Short-Term Study Abroad Withdrawal Policy** that follows:

If I choose to withdraw from a program after official acceptance, I must submit a signed withdrawal form, available online or at The Department of Bioethics.

The Department of Bioethics will not issue a refund prior to the completion of this Withdrawal Form. Withdrawals are effective the day the form reaches The Department of Bioethics at Case Western Reserve University.

REFUND:

1. If the withdrawal is effective 90 days prior to the final payment due date (See Financial Agreement for dates), my \$250 deposit (if previously paid) will not be refunded. If I have not paid the \$250 deposit, but have submitted an application, I will be billed for and am responsible for paying the \$250 non-refundable deposit to The Department of Bioethics at Case Western Reserve University. If I have paid additional amounts above the deposit, I will receive a refund of those amounts.
2. If the withdrawal is effective 60 to 89 days prior to the final payment due date (see Financial Agreement for dates), I will be responsible for the greater amount: 30% of the program fee (including any adjustments as described in the Financial Agreement); the cost of my airfare (if already purchased by The Department). If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, The Department will apply amounts previously paid toward my obligation, and will bill me for the remaining amount due.
3. If the withdrawal is effective 30 to 59 days prior to the final payment due date (see Financial Agreement for dates), I will be responsible for the greater amount: 50% of the program fee (including any adjustments as described in the Financial Agreement); the cost of my airfare and lodging (if already purchased by The Department). If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, The Department will apply amounts previously paid toward my obligation, and will bill me for the remaining amount due.
4. If the withdrawal is effective less than 30 days prior to the final payment due date (see Financial Agreement for dates), I will be responsible for 100% of the entire program fee (including any adjustments as described in the Financial Agreement). If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, The Department will apply amounts previously paid toward my obligation, and will bill me for the remaining amount due.

Program Course Name		Faculty Director(s)
STUDENT INFORMATION <i>(please print)</i>		
Last Name:	First Name:	Middle Initial:
Street Address:	City and State:	Zip Code:
Local Home#:	Cell #:	Work #:
E-mail address:	Home University (if not CWRU)	CWRU Student ID (7 digits):
REASON FOR WITHDRAWAL <i>(please print)</i>		
SIGNATURE		
Participant Signature		Date

OFFICE USE ONLY			
Date Received:	Withdrawal Date :	# of Days' Notice Given:	Final Payment Due Date
Program Fee:	Amount Charged to Student*	Percentage Owed:	Staff Initials

* If student has already paid the program fee, he/she will be refunded the difference between what he/she has already paid and the percentage owed above.

cc: Faculty Director(s)
 Financial Aid
 Student Accounts Program