

ABILENE CHRISTIAN UNIVERSITY

Please complete the required information for OPTION 1 **or** OPTION 2:**OPTION 1**

- I, \_\_\_\_\_ (your name) **do not wish** to deviate from the established group travel return dates.

\_\_\_\_\_  
SIGNATURE OF STUDENT\_\_\_\_\_  
BANNER I.D.\_\_\_\_\_  
DATE

-- OR --

**OPTION 2**

- I, \_\_\_\_\_ (your name) **do wish** to deviate from the established group travel return dates of the Study Abroad Program for the \_\_\_\_\_ (dates and location of program) in which I am participating. I understand that ACU Study Abroad has no responsibility for providing housing, food, ground transportation, or any other necessities once I have stayed over the established group travel dates for the program in which I am participating. Any additional expenses I incur due to my decision to deviate from the group travel dates are fully my own responsibility and I will plan ahead to have sufficient monies to pay all of my expenses.

I realize that I can decide to deviate from the program travel dates up to **90 days before departure**, but after that date, I may not change the date set by ACU Study Abroad Programs without incurring significant expense for myself, possibly having to purchase a new ticket. Upon signing this form I agree to pay whatever deviation fee is charged to me by the airline prior to the departure date. **Please note:** This form is a request for deviation and we will accommodate as best we can depending on flight availability. Completing this form does not guarantee your request will be granted.

These are the departure dates for returning to DFW, in order of preference:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE\_\_\_\_\_  
BANNER I.D.\_\_\_\_\_  
DATE