

# STUDY ABROAD CHECKLIST

---

This checklist is provided to help you ensure that all necessary documents and payments have been turned in to the Study Abroad Office and all campus offices are aware of your intent to study abroad. **It is your responsibility** to make sure all documents are submitted. Once you have completed this checklist,

please submit this form as well as the documents to the Study Abroad Office (Administration Bldg. 124).

**QUESTIONS?** See the Study Abroad Website : [www.acu.edu/studyabroad](http://www.acu.edu/studyabroad), call x2710 or email [study\\_abroad@acu.edu](mailto:study_abroad@acu.edu).

---

## REQUIREMENTS FOR STUDY ABROAD APPLICATION:

- Completed **Application** form\*
- Completed **Emergency Notification Form**\*
- Signed **Behavior Contract**\*
- Signed **Release and Indemnification Agreement**\*
- Signed **Withdrawal/Ineligibility Policy**\*
- Two (2) **Faculty Reference** forms\*
- One (1) **Student Life Reference** form\*
- \$250 non-refundable application fee** (cash, credit card, or check payable to ACU Study Abroad)\*
- Photocopy of your passport** – This must be submitted at least 60 days prior to departure

\*Your application cannot be processed until all items with an asterisk have been received by the Study Abroad Office.

- 
- I have contacted my financial aid officer to finalize my financial aid package.

NOTE: IF YOU ARE USING FINANCIAL AID, IT MUST BE FINALIZED BEFORE YOU ARE ALLOWED TO LEAVE FOR THE SEMESTER.

---

I hereby authorize Study Abroad to charge my account for the program fee. I understand my responsibility to pay the program fee, tuition, and any other applicable charges (room, board, student fees, etc.). I agree that my ACU account will be charged for the amount of hours taken in the Study Abroad program. I understand that my application will not be

processed until I have paid the \$250 **non-refundable** application fee. I also understand that *I will not be approved* to study abroad until I have completed all necessary items on this document and obtained required signatures. I agree to the terms stated in the Withdrawal/Ineligibility Policy.

---

STUDENT SIGNATURE

---

DATE

OFFICE USE ONLY : Date received \_\_\_\_\_



- Please initial: \_\_\_\_\_ I affirm that I am not on conduct probation, nor subject to being placed on probation.  
 \_\_\_\_\_ I affirm that I am not on academic probation, nor subject to being placed on probation.  
 \_\_\_\_\_ I affirm that I am current on my student account for previous semesters at ACU.  
 \_\_\_\_\_ I give permission for the Study Abroad Office to consult with all ACU offices necessary to complete the application process, including Student Financial Services and Campus Life.

**Please read the following paragraphs before signing this application:**

I understand that my acceptance is based on a variety of factors, including my academic record and interests, my standing with the university, my suitability for inclusion in the program, and reference forms.

I also understand that, after acceptance into the program, my university account will be charged the full cost of the program (tuition, fees, and expenses) at the appropriate time and that it is my responsibility to see that arrangements are made to pay the expenses in full, prior to the start of the program.

I also understand that if I choose to switch programs I will be immediately responsible for a **\$75 change fee**, in addition to non-recoverable expenses incurred from my commitment to my previous program. (This does not apply if I switch from a wait list to another program occurring the same semester as the original program.)

I hereby authorize the release of information from my student personnel record upon request of the Abilene Christian University Study Abroad Office. I also authorize the release of information regarding my study abroad program to my parent/legal guardian or the individual(s) listed as my emergency contact(s). I certify the information on this application to be correct and understand that upon becoming a participant in the program I shall be subject to all rules, regulations, and requirements for conduct, scholarship and continuance in ACU. I further understand that failure to comply with rules and regulations of the university could result in immediate dismissal from the program.

I understand that if I choose to stay after the appointed dates set by the Study Abroad program, I am responsible for all housing and travel arrangements as well as any additional charges.

**Please indicate the Study Abroad Program for which you are applying:**

| Location                                      | Semester or Summer   | Year |
|---|--|------|
| <input type="checkbox"/> ACU in Germany       | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Latin America | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Oxford        | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> _____   |      |

**NOTE: Approval must be obtained from the Study Abroad Office before attending any of these programs.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDY ABROAD REPRESENTATIVE

\_\_\_\_\_  
DATE

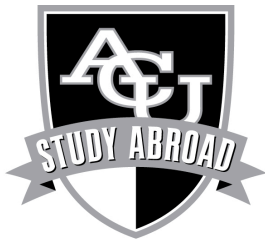
Please have all recommendation forms sent to the Study Abroad Office, ACU Box 28226 (or study\_abroad@acu.edu).

**IMPORTANT NOTICE**

Your application cannot be processed until we have received your application packet, which includes:

- a completed **Application** form
- a **\$250 non-refundable application fee** (cash, credit card, or check payable to ACU Study Abroad)
- a signed **Withdrawal/Ineligibility Policy**
- completed **Reference** forms (2 Faculty, 1 Student Life)
- a signed **Behavior Contract**
- a completed **Emergency Notification Form**
- a signed **Release and Indemnification Agreement**

OFFICE USE ONLY: Date received \_\_\_\_\_



# FACULTY REFERENCE FORM

## TO BE COMPLETED BY APPLICANT

A Faculty Reference Form must be completed by a current or former ACU professor.

Approve one of the following statements before giving this reference form to your faculty reference to complete.

- I HEREBY WAIVE ANY CLAIM to access faculty reference forms written on behalf of my application.
- I DO NOT WISH TO WAIVE CLAIM to access faculty reference forms written on behalf of my application.

Applicant's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Study Abroad Program for which you are applying:

| Location                                      | Semester or Summer   | Year |
|---|--|------|
| <input type="checkbox"/> ACU in Germany       | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Latin America | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Oxford        | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> _____   |      |

## TO BE COMPLETED BY FACULTY

How long have you known the student? \_\_\_\_\_

Please comment on the applicant's eagerness to learn and ability to work independently: \_\_\_\_\_

Of the students I have taught, this one ranks in the top: \_\_\_5 percent \_\_\_10 percent \_\_\_25 percent \_\_\_50 percent

- Highly Recommend    Recommend    Recommend with reservation    Do not recommend

| Assessment               | Excellent                | Above Average            | Adequate                 | Poor                     | Unable to Judge          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic performance     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic potential       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing ability          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study habits/discipline  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honesty and integrity    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-confidence          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teachability             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability/flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

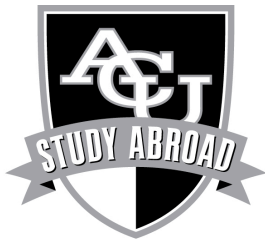
Additional remarks or other issues of which I should be aware: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Department \_\_\_\_\_ Extension \_\_\_\_\_ Date \_\_\_\_\_

Complete this form and return to: Study Abroad Office, ACU Box 28226 (or drop off in Hardin Admin. Bldg. 124)

OFFICE USE ONLY: Date received \_\_\_\_\_



# FACULTY REFERENCE FORM

## TO BE COMPLETED BY APPLICANT

A Faculty Reference Form must be completed by a current or former ACU professor.

Approve one of the following statements before giving this reference form to your faculty reference to complete.

- I HEREBY WAIVE ANY CLAIM to access faculty reference forms written on behalf of my application.
- I DO NOT WISH TO WAIVE CLAIM to access faculty reference forms written on behalf of my application.

Applicant's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Study Abroad Program for which you are applying:

| Location                                      | Semester or Summer   | Year |
|---|--|------|
| <input type="checkbox"/> ACU in Germany       | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Latin America | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Oxford        | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> _____   |      |

## TO BE COMPLETED BY FACULTY

How long have you known the student? \_\_\_\_\_

Please comment on the applicant's eagerness to learn and ability to work independently: \_\_\_\_\_

Of the students I have taught, this one ranks in the top: \_\_\_5 percent \_\_\_10 percent \_\_\_25 percent \_\_\_50 percent

- Highly Recommend    Recommend    Recommend with reservation    Do not recommend

| Assessment               | Excellent                | Above Average            | Adequate                 | Poor                     | Unable to Judge          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic performance     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic potential       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing ability          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study habits/discipline  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honesty and integrity    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-confidence          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teachability             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability/flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

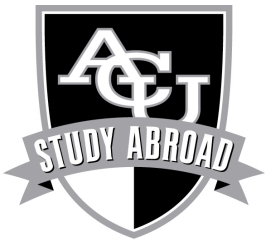
Additional remarks or other issues of which I should be aware: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Department \_\_\_\_\_ Extension \_\_\_\_\_ Date \_\_\_\_\_

Complete this form and return to: Study Abroad Office, ACU Box 28226 (or drop off in Hardin Admin. Bldg. 124)

OFFICE USE ONLY: Date received \_\_\_\_\_



# STUDENT LIFE REFERENCE FORM

## TO BE COMPLETED BY APPLICANT

A Student Life Reference Form may be completed by a current or former RA, advisor, club sponsor or on-campus employer. Approve one of the following statements before giving this reference form to your student life reference to complete.

- I HEREBY WAIVE ANY CLAIM to access reference forms written on behalf of my application.
- I DO NOT WISH TO WAIVE CLAIM to access reference forms written on behalf of my application.

Applicant's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Study Abroad Program for which you are applying:

| Location                                      | Semester or Summer   | Year |
|---|--|------|
| <input type="checkbox"/> ACU in Germany       | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Latin America | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> ACU in Oxford        | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Other (please indicate) _____ |      |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> _____   |      |

## TO BE COMPLETED BY STUDENT LIFE REPRESENTATIVE

How long have you known the applicant? \_\_\_\_\_

Please comment on the applicant's eagerness to learn and ability to work independently: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Highly Recommend     Recommend     Recommend with reservation     Do not recommend

| Assessment               | Excellent                | Above Average            | Adequate                 | Poor                     | Unable to Judge          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Christian commitment     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to serve     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership ability       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honesty and integrity    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-confidence          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of humor           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability/flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

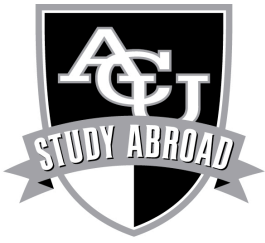
Additional remarks or other issues of which I should be aware: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ ACU Email \_\_\_\_\_ Date \_\_\_\_\_

Complete this form and return to: Study Abroad Office, ACU Box 28226 (or drop off in Hardin Admin. Bldg. 124)

OFFICE USE ONLY: Date received \_\_\_\_\_



# BEHAVIOR CONTRACT

ACU's Study Abroad programs are designed to promote academic excellence through blending experiential and classroom learning; these programs allow students to be immersed in the host country's culture. They are also designed to provide a safe learning environment, one in which all students will grow and learn. When students choose to deviate from the program's rules, there are consequences for such actions.

Failure to conform to ACU and Study Abroad program rules will be handled by a disciplinary committee chaired by the ACU faculty-in-residence. If the offense warrants expulsion from the program, the student will be responsible for all expenses including return airfare.

Offenses that may result in dismissal from the program include:

- Any violation of the University Alcohol and Drug Policies, as detailed in the Student Handbook
- Sexual promiscuity
- Theft
- Illegal use of computer lab and/or Internet such as copying or possessing copyrighted materials
- Assault
- Making threats against another individual
- Any violation of any local law could result in expulsion

Some offenses that may result in suspension or other disciplinary action such as travel restrictions include:

- Use of abusive language
- Inappropriate dress
- Failure to inform the appropriate Study Abroad personnel regarding travel plans
- Possession of or accessing pornography
- Use of tobacco

The rules of dress and behavior are essentially the same as those on campus in Abilene as printed in the *Student Handbook* ([www.acu.edu/admissions/studentguide.html](http://www.acu.edu/admissions/studentguide.html)).

## Contract:

I understand that the general guidelines of Abilene Christian University and the specific rules of this contract will be required for all participants in ACU Study Abroad programs and that any exceptions made to specific guidelines due to the special off-campus circumstances of the Study Abroad program must be approved in writing by the Dean of Student Life, the On-site Director and the Executive Director of Study Abroad programs.

I also understand and agree to abide by the following specific guidelines related to the Study Abroad program:

1. To abide by all regulations governing housing, study facilities, and travel as outlined in the literature and as stated by Study Abroad personnel.
2. To attend all classes and all called meetings, including chapel and devotional meetings, during the Study Abroad experience.
3. To remain in the city of residence whenever classes are in session except when given permission in writing by the ACU faculty-in-residence or designee.
4. To provide the faculty-in-residence or designee in writing and in advance information related to any travel plans or independent activities, including where I will be and when I will return.

I understand and agree to abide by the dates set forth by the Study Abroad Office and agree that if I choose to stay later than the program established dates, I will be responsible for all travel arrangements and any additional expenses. I understand and agree that my failure to comply with any part of this agreement constitutes grounds for suspension or dismissal from the program and upon the recommendation of the executive director of the Center for International and Intercultural Education or designee, I may be sent home at my own expense.

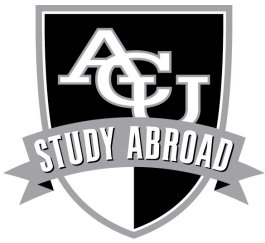
\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
BANNER I.D.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

OFFICE USE ONLY: Date received \_\_\_\_\_



# EMERGENCY NOTIFICATION FORM

**IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:**

*Primary contact in the event of an emergency:*

NAME\*

RELATIONSHIP TO STUDENT\*

STREET ADDRESS\*

CITY, STATE, ZIP\*

HOME PHONE\*

WORK PHONE

CELL PHONE\*

EMAIL ADDRESS\*

\*REQUIRED FIELD

*Secondary contact in the event of an emergency:*

NAME\*

RELATIONSHIP TO STUDENT\*

STREET ADDRESS (DIFFERENT FROM PRIMARY CONTACT)

CITY, STATE, ZIP

HOME PHONE

WORK PHONE

CELL PHONE\*

EMAIL ADDRESS

## HEALTH INFORMATION

Medications currently being used: Please check and list dosage.

- None
- Over the Counter \_\_\_\_\_
- Prescriptions (including oral contraceptives) \_\_\_\_\_
- Vitamins/Herbal \_\_\_\_\_
- Sleep Aids \_\_\_\_\_
- Other \_\_\_\_\_

Dietary Restrictions (religious or otherwise): \_\_\_\_\_

Known Allergens (include physical reactions): \_\_\_\_\_

Please list any other medical problems or health conditions a physician should be aware of before treating you, including chronic conditions. If none known, please write "None." \_\_\_\_\_

STUDENT SIGNATURE

PRINT NAME

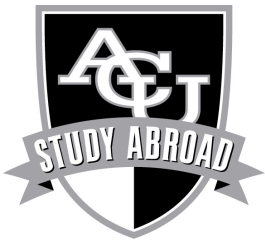
BANNER I.D.

DATE

SOCIAL SECURITY NUMBER

OFFICE USE ONLY: Date received \_\_\_\_\_





# RELEASE AND INDEMNIFICATION AGREEMENT

WHEREAS, the undersigned is a student at Abilene Christian University (“university”) who has voluntarily applied for acceptance to attend and participate in the university’s Study Abroad program conducted in

\_\_\_\_\_ (location)

from \_\_\_\_\_ through \_\_\_\_\_ (dates)  
(hereinafter referred to as the “Study Abroad trip”); and

WHEREAS, the undersigned is aware of the risks associated with airline travel, highway travel and travel in the United States and foreign countries; and

WHEREAS, Abilene Christian University cannot assure participants on the Study Abroad trip that they will not be injured or exposed to dangers and risks that may result in serious injury, loss or harm; and

WHEREAS, the undersigned has carefully considered said risks and decided to assume same to participate in the Study Abroad trip;

NOW, THEREFORE, the undersigned, for and in consideration of being allowed to participate in the Study Abroad trip, agrees to and hereby does release, hold harmless and indemnify Abilene Christian University, its officers, trustees, agents, and employees from and against any and all liability, loss and damages, including reasonable attorneys’ fees and court costs, which they or any of them may suffer as a result of claims, demands, suits, costs or judgments against them or any of them, by reason of bodily injury, including illness, or other personal injury or property loss suffered by the undersigned arising from or related to acts or omissions of Abilene Christian University, its officers, trustees, agents and employees in connection with travel and transportation to and from the Study Abroad trip, and during the entire time the undersigned is in a foreign country, or elsewhere as a part of the Study Abroad trip, and in connection with any accident or injury that may occur during the activities associated with the Study Abroad trip.

The undersigned agrees to comply with the rules and regulations of the Study Abroad trip and its duly constituted authorities that may be in force during the undersigned’s participation. The undersigned agrees to act at all times during the Study Abroad trip prudently and to accept full responsibility for his or her own actions and inactions while a participant in the Study Abroad trip.

Executed the \_\_\_\_\_ day of \_\_\_\_\_

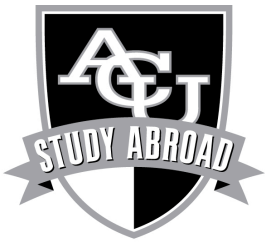
\_\_\_\_\_  
SIGNATURE OF PARTICIPANT IN THE STUDY ABROAD TRIP

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
IF UNDER 18, SIGNATURE OF PARENT OR LEGAL GUARDIAN

***NOTE: If participant is under the age of 18 years, both the participant and the participant’s parent or guardian must sign.***



# WITHDRAWAL INELIGIBILITY POLICY

I understand that upon notification of my acceptance into Study Abroad, I am entering into a contract with the Center for International Education (CIE), that the program fee will be charged to my student account, and I am responsible for making all arrangements through Student Financial Services to pay for the program fee, tuition, and any other applicable fees. At any subsequent date, to withdraw from the program, I must deliver a signed notification to the CIE in Administration Bldg. 124. Should I become ineligible to attend, I will be removed from the program. For penalty purposes, time will be determined by the date of my signed notice of intent to withdraw from the program, or a notification that I have become ineligible to participate in the program is received by the CIE.

- A. If I withdraw from or become ineligible to attend the program between **one hundred and twenty (120) and sixty-one (61) days** prior to the start of the program, I will be responsible for a withdrawal fee equal to 25 percent of the total program fee (minimum of \$1,500). These charges will be applied to my student account.
- B. If I withdraw from or become ineligible to attend the program between **sixty (60) and thirty-one (31) days** prior to the start of the program, I will be responsible for a withdrawal fee equal to 50 percent of the total program fee (minimum of \$1,500). These charges will be applied to my student account.

- C. If I withdraw from or become ineligible to attend the program **thirty (30) or fewer days** prior to the start of the program, I will be responsible for **one hundred (100) percent** of the total program fee. These charges will be applied to my student account.
- D. I understand that my acceptance is contingent upon my not being on academic or disciplinary probation at ACU, and that should I be placed on academic or disciplinary probation subsequent to signing this contract I will be dismissed from the program. I may also become ineligible by being sanctioned for an ACU violation, by withdrawing from ACU, or by not attending all mandatory orientations or make-up sessions. Should I be placed on probation or become ineligible as stated above, I understand that my student account will be charged pursuant to the policies stated in this contract.
- E. If I drop out of the program, I must inform the Study Abroad Office **in writing** and have a Study Abroad representative sign and date the withdrawal form.

I have received a copy of this contract, and I have read and understand this contract, and I agree to comply with its terms and conditions.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ACCEPTED BY STUDY ABROAD PROGRAM

\_\_\_\_\_  
DATE

OFFICE USE ONLY: Date received \_\_\_\_\_