



STATEMENT OF CANCELLATION

Please submit this form to the Clemson Abroad office.

E 301 Martin Hall Box 345714 Clemson, SC 29634 (864) 656-2457 abroad@clemson.edu

Full Name:

CUID:

Program Name (i.e. Clemson in Europe: Oxford, CIEE Arts & Culture in Barcelona):

Term Planned Abroad (i.e. Fall 2017):

Will you be staying at Clemson instead of studying abroad?

Reason for Cancellation (must be completed, also attach any documentation available such as Doctor's certificate etc. for a Medical withdrawal). Use additional sheet(s) if necessary:

I hereby request to cancel my participation in the above program. I have taken the opportunity to discuss my withdrawal with Clemson Abroad and the program director or provider. I understand that my decision may affect my enrollment or financial plans, including, but not limited to: course availability, grades or credits received, fees, and travel expenses.

Applicants accepted to faculty-directed programs:

I understand and agree that my deposit (if applicable) is non-refundable, as stated in the Clemson Abroad application and [financial policies](#). I understand that I am responsible for program fees or unrecoverable costs committed on my behalf for the program, as outlined in the Clemson Abroad Conditions of Participation and [financial policies](#).

Signature:

Date:

Upon receipt of this form, Clemson Abroad will notify the following offices of this cancellation:

- » Financial Aid
- » Registration Services
- » Clemson Program Director/ Coordinator or Exchange Host Institution
- » OGE Fiscal Manager