

student name _____

Summer Study Abroad Program Name: Costa Rica – Recreation Management Term: 7/4

Courses, Payment Schedule, and Cancellation Policy

Courses: please circle the courses of your choice

Title	Course #	Section #	Hours of credit
Recreation Resources, Serv.	<u>RM3242</u>	<u>101</u>	<u>3 cr. hrs</u>

Payment Schedule:

\$ amount due:	date due:	
Initial deposit	<u>\$550.00</u>	submitted with completed application
1 ST payment	<u>\$800.00</u>	October 16, 2007
* Final Payment	<u>\$800.00</u>	November 26, 2007

Cancellation Policy:

If a student withdraws from the program prior to a payment date, payment(s) that follow the date of cancellation do not need to be met. If you cancel on or after a scheduled payment date, you remain obligated for those payments. No refunds can be made of these funds (that is the \$550 initial deposit and scheduled payments up to the date of cancellation).

Students need to inform Faculty Program Directors in writing, with copy to Meg Kennedy at International Programs, when canceling their participation in any program.

Students are responsible for amounts owed even if they are not up to date with their payment schedule.

Students who have not paid in full the trip cost and tuition at the final payment date will not be allowed to participate in the program and are not entitled to a refund.

I am aware that:

- 1) my student account will be charged by the program cost in October 2007,
- 2) tuition is N O T included in the program cost. Tuition will be charged separately at a later date to my student account after OIP registers me for the classes listed above .
- 3) I will need approximately \$300 to cover additional expenses not included in the program cost or tuition.
- 4) if I withdraw from the program, the cancellation policy above will apply and I will be responsible for the amount owed regardless of my financial aid status.

I certify that I am at least eighteen (18) of age, medically and mentally sound, physically fit to participate in the program for which I am applying, and competent to enter into this agreement. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me.

student signature

date

If the participant is under eighteen (18) years of age, this document must be signed on behalf of the participant by his or her parent or guardian. I have read and understand this assumption of risk and indemnification agreement, I understand and agree that it will legally bind me and my estate, and I sign it voluntarily.

Signature

Printed Name

Relationship to Participant
(Parent or Guardian)

Date