

Student Name _____

Summer Study Abroad Program Name: *England-Communication*

Term: 08/2

Courses, Payment Schedule, and Cancellation Policy

Courses

Title	Course #	Section #	Hours of credit
England, The Beatles & Pop Culture I	COM 3531	145	3 cr. hrs.
England, The Beatles & Pop Culture II	COM 3531	145	3 cr. hrs.

Payment Schedule

What's Due	Amount Due	Date Due
Initial deposit	\$300.00	submitted with completed application
Second Payment (1/3 of remainder)	\$1222.00	January 31, 2008
Third Payment (1/3 of remainder)	\$1222.00	February 28, 2008
Final Payment (1/3 of remainder plus tuition pre-payment)	\$1221.00+tuition	April 7, 2008

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 \$300 initial deposit and scheduled payments up to the date of cancellation).

Students need to inform Faculty Program Director(s) 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 February 2008.
- 2) summer school tuition is **NOT** included in the trip cost and needs to be pre-paid as part of my final payment (see payment schedule). Tuition will be charged separately at a later date to my student account after OIED registers me for the classes listed above and that tuition rates may change.
- 3) I will need approximately **\$2000.00** 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