

student name \_\_\_\_\_

Study Abroad Program Name: **South Africa – CJ/ PS**

Term: 08/1

**Courses, Payment Schedule, and Cancellation Policy**

**Courses:**

Title	Course # Please circle your choice	Section #	Hrs of credit
<u>Apartheid &amp; Post Apartheid South Africa</u>	<u>PS 3535 /5535</u>	<u>101</u>	<u>3 credit hours</u>

**Payment Schedule:**

\$ amount due:	date due:	
Initial deposit	<u>\$300.00</u>	submitted with completed application
* Second Payment (1/3 of remainder)	<u>\$1,226.00</u>	January 18, 2008
* Third Payment (1/3 of remainder)	<u>\$1,227.00</u>	February 29, 2008
* Final Payment (1/3 of remainder <b>plus tuition pre-payment</b> )	<u>\$1,227.00</u> (plus tuition if applicable)	April 4, 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 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 January 2008,
- 2) There will be no additional tuition charge applied if students are enrolled in a full course load during the spring term. The registrar’s office will bill additional tuition to students who are not taking a full course load. OIED will register all students in the course linked to the South Africa program.
- 3) I will need approximately \$150 to cover additional expenses not included in the program cost or tuition plus approximately \$300 for immunizations and medication.
- 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