College of Design
Request for Withdrawal from an International Program

Program: _________________________________________________________

Term of program (circle one): Spring  Spring Break  Summer  Fall  Year: ____________

Personal and Academic Information

Name: _____________________________________________________________

ISU ID #: ______________________  ISU E-mail address: __________________________

Reason for Withdrawal

□ Financial Constraints  □ Academic Warning/Probation  □ Medical Withdrawal*

□ Other, please explain: ______________________________________________________

*Medical withdrawal requires written verification from a physician including diagnosis and dates of treatment, which should be attached to this form.

Additional Information

I understand that by withdrawing from this international program, I will be subject to financial penalties that will be posted on my U-bill as outlined at ISUAbroad, including all program payments the college is obligated to make on my behalf. I understand that if I am withdrawing close to or after the commencement of the international program, courses available to me for the semester may be limited or I may not be able to enroll in classes. I understand that if I am withdrawing for medical reasons, I am still responsible for all program payments the college is obligated to make on my behalf.

___________________________________________________________________________

Student signature  Date

____________________________________________________________________________

International Programs Coordinator signature  Effective Date of Withdrawal

Please give this form to the International Programs Coordinator.

For office use only:
Withdrawal penalty: $ __________

____ Rome office  ____ Department  ____ ISUAbroad  ____ Dsn S 301 drop (____ SS)

____ Housing provider  ____ Controller’s Dept.  ____ Class registration  ____ CISI

____ Financial Aid  ____ Registrar’s Office  ____ ASW  ____ U-bill

6.17.14