Notification of Withdrawal From or Early Termination of Southern Virginia University Travel Study

Program: _____ Effective Date : _____

I am submitting this form to the Provost to inform him of my intentions to withdraw early from my travel study program in order to extend my time abroad.

I have discussed my early withdrawal with the appropriate host institution staff and the Southern Virginia on site Program Director. In withdrawing from or terminating my travel study program before the scheduled ending date, I understand that the payment agreement outlined in the travel study application applies. I understand that I will receive no refund for any part of my travel study program, and that I will forfeit my return air ticket. I understand that I will be responsible for making arrangements for and purchasing airfare for my return to the U.S. I understand that I am responsible for all financial and logistical arrangements associated with my early termination of travel study and my extended stay abroad. Additionally, I acknowledge that I must resolve any possible implications of my actions with the Southern Virginia Office of Financial Aid.
I acknowledge further that I must inform my designated emergency contact of my intention to terminate my program early and remain abroad. I understand that I will no longer be a current student or affiliated with Southern Virginia University after the effective date above and that as such I will not be covered by the university's insurance policy. I also understand that I will not be permitted to participate in any part of the Southern Virginia University travel study program after the effective date above.

In withdrawing from or terminating my study abroad program before the scheduled ending date, I acknowledge and agree that Southern Virginia University credit is available only for those courses which I have completed and in which I have earned a passing grade or higher in the local grading system

_____ Date: _____
Student's Signature & Printed Name

If program has started:

_____ Date: _____
Program Director's Signature & Printed Name

Please fax the signed copy to 540-261-2757 or email scanned copy to: carrie.brotherson@svu.edu *and* madison.sowell@svu.edu.

For Office Use Only: Travel Study Director, Signature _____ Date _____

Notification: Provost _____ Date: _____
Registrar _____ Date: _____
Program _____ Date: _____ Fin. Aid _____ Date: _____