Withdrawal Form

Name:			
first	last		
UM ID Number:		Email address:	@go.olemiss.edu
Country of Study:		Program:	
Term:			
	WITHDRA	WAL POLICY	
of, for any reason, a student chooses conline or at the Study Abroad Office) notification of withdrawal; therefore, received. Availability for refund will b Office. If acceptance is revoked for	must be completed. https://doi.org/10.1001/10.100	Perbal statements of withdrawa considered a program participal at the Withdrawal Form is received.	I will not be considered as ant until written notification is eived by the Study Abroad
PRIOR TO THE COMMITMENT DE ne/she will be refunded all funds, les deposits, field trip pre-payments, etc time of withdrawal.	s the \$100 application	fee and any non-recoverable o	costs (such as housing
AFTER THE COMMITMENT DEAD she will be financially responsible for nousing deposits, field trip pre-paymat the time of withdrawal.	r the \$100 application for	ee and a \$500 penalty and any	non-recoverable costs (such as
In the event that extreme circumst the Study Abroad Director will review that are recoverable and uncommitte	the situation on a cas	e-by-case basis. At the discret	ion of the director, any funds
Under no circumstances can any r Any disputes over refunds after an c through the Office of the Bursar.			
Please explain your reason for wi	thdrawing:		
l, understand and agree to comply v		withdrawing from my chosen road Office Withdrawal Polic	
Signature			

Withdrawal Billing or Refund Form

(Study Abroad Office Use Only)

Date Processed:	Initials:	
Website Status Changed to "Withdrawn"		
Charge/Refund Date Processed:		Initials:
To Be Charged:	_	
Fees	_	
Tuition		
To Be Refunded:		
TOTAL		
Fees	_	
Tuition	-	
Previously Charged:		
Date of Withdrawal:		
Program Term:		
Student ID Number:		_
Student's Full Name:		