

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