

THE CALIFORNIA STATE UNIVERSITY  
INTERNATIONAL PROGRAMS

PROGRAM WITHDRAWAL

Student's Name: \_\_\_\_\_  
Last name First name

Study Center: \_\_\_\_\_ CSU Campus: \_\_\_\_\_

I am withdrawing from the International Programs for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the last day you attended your study center: \_\_\_\_\_  
Month / Day / Year

I recognize that by withdrawing from the International Programs:

I am also withdrawing from the current academic term at my home CSU campus and may be subject to loss of financial aid I might have previously been awarded;

I am also withdrawing from the International Programs group health and accident insurance plan;

I remove all responsibility for my welfare from the Trustees of The California State University, the Office of International Programs, and the Resident Director of the overseas center named above.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month / Day / Year

Permanent Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

**REFUND POLICY:** Students withdrawing from the International Programs will receive a refund of any funds not already committed or expended on their behalf.

Tuition refunds will be based on the amount paid to OIP, effective withdrawal date, financial aid status (if applicable), and enrollment status at the overseas university.

Send original form to the Office of International Programs. The student should keep a copy of this form.