

Office of International Education  
Fax: 804-289-8904  
Email: studyabroad@richmond.edu  
Study Abroad Withdrawal or Change of Study Abroad Program Form

Date the withdrawal/change is to be effective: \_\_\_\_\_

**Financial Acknowledgement**

In withdrawing from or terminating my study abroad program before the scheduled ending date, I acknowledge that I am liable for all costs associated with my study abroad program and agree to pay the University of Richmond and the host institution all such costs that may include, but may not be limited to, UR administrative fees, tuition, room, board, health insurance, orientation and language program costs, excursions, international transportation, financial aid and/or scholarship payments, and all other costs deemed relevant and applicable by the Dean of International Education and/or University of Richmond. I furthermore acknowledge that in some instances the total of these costs may greatly exceed the comprehensive fee typically charged for one term of study abroad.

**Housing Acknowledgement – Withdrawn students only**

In withdrawing from or terminating my study abroad program prior the scheduled ending date, I understand that it is unlikely that I will be housed on campus if I desire to return to campus during the semester that I was scheduled to be abroad. If I am permitted to return to campus during the semester I was scheduled to be abroad, I understand that it is my responsibility to make off-campus housing arrangements. The University of Richmond cannot provide assistance with off-campus housing.

**Academic Acknowledgement - – Withdrawn students only**

In withdrawing from or terminating my study abroad program before the scheduled ending date, I acknowledge and agree that University of Richmond credit is available only for those courses at the foreign university which I have completed and in which I have earned a “C” or higher in the local grading system.

Please state below why you have decided to change study abroad program or withdraw from your program early. This information will be kept confidential and will help us to provide better services to our students.

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Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

UR ID Number: \_\_\_\_\_