

California Lutheran University
Study Abroad Center
Withdrawal / Deferral Form

Date: _____

Full Name: _____ Student ID: _____

E-Mail Address: _____ Phone Number: _____

Program: _____ Location: _____

I am planning to: Withdraw Defer to _____ (term and year)

Reason: _____

Have you notified your program of your intent to withdraw/defer? Yes No

Do you understand you may still owe fees and/or tuition amounts according to the rules and policies of your program? Yes No

Please note that you will be charged in accordance with the established Study Abroad Center policy. Students who withdraw/defer their participation after April 15th for summer and fall terms or November 15th for spring term will not be refunded the \$200 Study Abroad Registration Fee.

Student's Full Name

Student's Signature

Lisa Loberg, Director of Study Abroad



Office Use Only