



DECISION FORM
University of New Haven
Center for Experiential Education
205 Kaplan Hall, West Haven, CT 203 932 7236

Complete one of the following steps **within two weeks of the date of your acceptance letter** (NOT the date you receive this letter). If the Center for Experiential Education has not received these forms within two weeks, it will be assumed you are no longer interested and you will be dropped from the program. The \$500 intent fee will remain on your account.

1. If you wish to **accept admission**, complete and return this form along with the *Statement of Responsibility* and the *Student Health/Emergency Treatment Authorization* to the Bursar's Office. Upon doing so, you will be billed for a \$500 deposit that is applied to the cost of your program.
2. If you wish to **withdraw** from the program, complete, sign and return this form to the Center for Experiential Education, Kaplan Hall 205
3. If you wish to **transfer** your application, complete, sign and return this form to the Center for Experiential education, Kaplan Hall 205

Name: _____ PID: _____

Name of study abroad program: _____

Country(ies) of program: _____ Semester/term and year of program: _____

I ACCEPT my admission to the above University of New Haven Experience Abroad program. I have received an acceptance packet from the UNH Center for Experiential Education and have completed the enclosed *Statement of Responsibility* and *Student Health/Emergency Treatment Authorization* to secure my place in the program. If my acceptance is more than one year in advance, I agree to submit a new Student Health/Emergency Treatment Authorization within one year of my scheduled program departure.

If I should decide to withdraw and fail to submit any written notification of my withdrawal and/or fail to show up at the program site, I understand I will be financially responsible for the entire program fee. If I withdraw or transfer from the program after accepting admission, I understand that notifying the faculty experience leader is not sufficient and that I must submit written notice to the Center for Experiential Education. If my written notice of withdrawal or transfer is received at the Center for Experiential Education:

- **More than 8 weeks before** the program's first day, I will be financially responsible for the non-refundable commitment fee of \$2,000/or any costs incurred on my behalf related to the program if completely withdrawing from the experience abroad; if I am transferring my application, I understand the \$500 Intent fee will be transferred only once to an alternate program and I will be financially responsible for the \$2000 commitment deposit (if applicable).
- **Less than 8 weeks before** the program's first day, I will be financially responsible for the \$100 intent fee and \$2000 deposit or any non-recoverable costs incurred and/or committed by UNH and its affiliates on my behalf at the time of my withdrawal (whichever is more).
- **After the program's first day**, I will be financially responsible for the entire program fee.

Signature: _____ Date: _____

I WITHDRAW from the above UNH Experience Abroad program. I understand that the \$500 application fee is refundable if this withdrawal is submitted before acceptance or within the two-week period after the date of the acceptance letter. If I have accepted admission into a program, I understand that the \$500 application fee and the \$2000 deposit (if applicable) are non-refundable and I am financially responsible for my program fee according to the schedule indicated above. I understand it is my responsibility to withdraw from my study abroad courses.

Did you apply for financial aid for this program? Yes No

(If yes, the Center for Experiential Education will notify the UNH Office of Financial Aid of this cancellation and your award will be adjusted accordingly.)

Reason for cancellation:

Financial Safety Family Academic Accepted into another program Medical No longer eligible Other: _____

Signature: _____ Date: _____

I WISH TO TRANSFER* MY APPLICATION from the above Experience Abroad program to the program indicated below. I understand and agree that the \$500 application fee will be transferred only once, to the program indicated below. If I have accepted admission into the original program, I understand the \$2000 deposit (if applicable) is non-refundable and non-transferable. I understand I will be financially responsible for my program fee according to the schedule indicated above. I understand it is my responsibility to adjust my course enrollment. I understand that if any information on my health form has changed since I submitted my original application, I will re-submit a new health form.

Name of program transferring to: _____

Semester and year transferring to: _____

Did you apply for financial aid for your original program? Yes No

(If yes, the Center for Experiential Education will notify the Financial Aid of this transfer and you will need to see a Financial Aid advisor to adjusted your award accordingly.)

Reason for Transfer: _____

Signature: _____ Date: _____

***NOTE: Freshman Seminar Abroad applicants may NOT transfer their application.**