



## Global Classroom Program Deposit and Withdrawal Information Form

### PROGRAM INFORMATION

Location of Study Abroad Program (City, Country): \_\_\_\_\_

Program Leader: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Office: \_\_\_\_\_

Program Dates: \_\_\_\_\_

USC Course Number: \_\_\_\_\_

Number of USC Credits: \_\_\_\_\_

Number of Transfer Credits: \_\_\_\_\_

Program Fee: \_\_\_\_\_

Non-Refundable Deposit: \_\_\_\_\_

Program Fee Includes:

Program Fee Does Not Include:

### PAYMENT INFORMATION

For the program listed above, a non-refundable deposit in the sum of \$ \_\_\_\_\_ is due to the program leader listed above with application/ upon acceptance. All deposits and payments must be made by check or money order payable to the **University of South Carolina**. Please write on the check or money order the program's course number(s). You will be provided a receipt for each payment at the time the payment is made. You are advised to keep a copy of these receipts as proof of payment.

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Additional payments will be due as follows:

Amount	Due Date
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I understand the payment of this deposit entitles me only to pre-registration in the program/course. I must be a duly enrolled student in good standing to participate in this program.

**WITHDRAWAL POLICY**

I understand that if this program is cancelled by the University prior to departure I will be refunded the full amount of the payments I have made. However, if the University is forced to cancel a program due to safety and health concerns, acts of nature, acts of terrorism, or circumstances beyond its control, I will be refunded the full amount of recoverable costs. I also understand that if the program is delayed due to acts of nature, acts of terrorism, or circumstances beyond its control, I will be responsible for any additional costs that I may incur. If I choose to withdraw from this program for any reason, or to not register for the course(s) associated with this program, I understand that I will receive a refund of the program fee according to the refund schedule detailed below:

By signing below, I verify that I understand the above payment and withdrawal policies and agree to adhere to them.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name