

**DUKE SUMMER STUDY AWAY PROGRAM  
WITHDRAWAL OR EARLY TERMINATION NOTIFICATION**

Name of Duke-administered ('Duke-in') summer study away program: \_\_\_\_\_

Date of withdrawal: \_\_\_\_\_

In withdrawing from my summer study away program, I understand that the refund policy outlined in the 'Commitment to Participate' form (contained in the Summer Participation Agreement) applies to my actions.

In withdrawing from or terminating my summer study away program **before** the program has begun, and after the March 31 deadline, I acknowledge that I will be required to pay a cancellation fee of \$1,500 for a one-credit program or \$2,000 for a two-credit program.

In withdrawing from or terminating my summer study away program **after** the program has begun, but before its scheduled end date, I acknowledge that I **will not** be entitled to any refund of tuition, housing, or program fees from Duke University, and I will be held responsible for paying these charges in full. I also understand that I am fully responsible for any unpaid charges that may have accumulated while living off campus that are not covered by the program fee. If such charges have accumulated, they will be posted on my Bursar's account and I will be subject to all penalties for delinquent payments.

I understand that Duke University academic credit is available only for those courses which I have completed and earned a passing grade. Students participating in Duke-administered programs who leave the program after the first three days will receive a notification of 'W' on their academic record, as determined by the faculty director. *Finally, I agree to notify the faculty director and appropriate host institution staff of my early departure from the program.*

***Additionally, I acknowledge that I must resolve the implications of my actions with the Karsh Office of Undergraduate Financial Support if I am a recipient of summer financial aid.***

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Date

***If program has started:***

\_\_\_\_\_  
Faculty Director's Signature

\_\_\_\_\_  
Faculty Director's Printed Name

\_\_\_\_\_  
Date

*Please fax to (919) 684-3083, send as an email attachment to [globaled@duke.edu](mailto:globaled@duke.edu), or mail to Global Education Office for Undergraduates, Smith Warehouse, Bay 6, 2nd Floor, 114 S. Buchanan Blvd., Box 90057, Durham, NC 27708. If mailing, Box 90057 MUST be included in the address.*

<b>For Office Use Only</b>		
Exec. Director Signature _____		Date _____
<b>Notification:</b>	Registrar _____	Date: _____
	Bursar _____	Date: _____
	Cashier _____	Date: _____
	Program _____	Date: _____
	Financial Aid _____	Date: _____
University/Third Party (ND) _____		TDS Status (D&ND) _____
Count (VC) _____		Country (VC) _____
File (D&ND) _____		App Tag (D&ND) _____
Comments (D&ND) _____		