

Office of Study Abroad
Trinity College of Arts & Sciences
Duke University



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COMMITMENT TO PARTICIPATE

To confirm your space on a Duke-administered (i.e. 'Duke-in') summer study abroad program, you and your parent/guardian must read, complete and sign this form and submit it to the Office of Study Abroad at Duke (see address and fax number above). This form is due **within three weeks** of the date you are accepted to the summer program by the faculty director(s). By signing this form, **you are committed to participate in the summer program and agree to pay the full cost of the program, which includes the tuition and program fee. Failure to submit this form completed and signed by the three week due date jeopardizes your space on the program.** This form replaces a non-refundable deposit.

Please Print

I, _____ (name of student) hereby confirm my participation in Duke University's _____ (name of Duke summer program). If I decide to withdraw from the summer program after the **Friday, April 18, 2008** cancellation deadline but **before** the program start date, I understand that the tuition and recoverable program fees are refundable, but I will be charged a **cancellation fee** of **\$1,500** for a one-credit Duke summer program, or **\$2,000** for a two-credit Duke summer program. I also acknowledge that if I withdraw **before** the Duke summer program begins, **I will** be held liable for any non-recoverable, program-related charges. The cancellation fee and any non-recoverable charges from the program fee will be posted on my bursar's account. Non-recoverable costs may include, but are not limited to, expenses for both individual and group services. Individual expenses may include, but are not limited to, such items as pre-paid train/airplane tickets or room reservations. Group expenses may include bus rentals, payment to tour guides, etc.

Per Duke University policy, I _____ (name of student) understand that if I withdraw from the Duke summer program **after** it begins, **I will not** be entitled to a refund of the tuition or program fee, and I will be held responsible for paying these charges in full. **Additionally, I acknowledge that should I withdraw from the program, either before or after it has started, I must resolve the implications of my actions with the Office of Financial Aid if I am a recipient of summer financial aid.**

We _____, (name of student) and _____ (name of parent/guardian) have read and understand the above information and by signing below, agree to the full terms as indicated above without reservation.

Student Signature

Parent/Guardian Signature

Date (month/day/year)

Date (month/day/year)

The signatures of both the parent or legal guardian and the student are required. **Please sign this form and return it to the Office of Study Abroad (OSA) at the mailing address listed at the top of this form or fax it to OSA at 919-684-3083.**