

Student Signature Date Study Abroad Program Provider (i.e. API, Arcadia, GSE, direct, etc.) Approved by: Alice M. Cronin Director of International Programs	\$Amount of Deposit Study Abroad Program (i.e. NUI-Galway, LDM-Florence, etc.) Date
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	\$
Student Signature	
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	I.D #
to reimburse the College the full amount to behalf in addition to any obligations reg	pad program for any reason whatsoever, I understand that I am obligated bunt of any non-refundable deposit(s) and/or program fee made on my garding the fees ¹ . I understand that failure to reimburse the College may the College, and I further understand that I will not receive any diplomas, it all obligations have been fulfilled.
• • • •	to the study abroad provider on my behalf.
In order to secure my apports	unity to participate in a study abroad program, I understand that the
academic period, I will pay the College	
•	at I am responsible for any program costs not included in the billed I program exceeds the amount Stonehill would charge me for the same
	der to participate in a study abroad program offered through/approved by at I am responsible for any program costs not included in the billed
	derstand that I am obligated to pay Stonehill tuition, fees, room, and, if
	leveled that I are obligated to now Changhill twitige food years and if
(print name)	, have applied to participate in a study abroad program through
(print name)	

¹ For example, if you decide not to attend the abroad program but return to Stonehill College instead, you must pay <u>all</u> fees associated with attending Stonehill <u>and</u> you must reimburse the College for any deposit and/or program fee the College made to an abroad program on your behalf.