FINANCIAL PARTICIPATION FORM

Introduction to Intercultural Teamwork

SA 10303, Credit as ME 497, MSE 497, or FLL 490C

Note: Exact travel dates may shift one or two days from prior announcements, depending on final air transportation arrangements.

By signing this form, I understand and agree to the following regarding the course deposit:

_____ I have submitted a deposit of $500 with my application to confirm that I will participate in this program.
_____ I understand that this deposit will be forfeited if I decide not to participate.
_____ I understand that this deposit will be credited to my Purdue student account towards the total costs of the intercultural Teamwork program.

I fully understand the following policy regarding costs beyond the deposit:

_____ If I withdraw after air transportation has been purchased in my name, I additionally owe either 1) the cost of changing the ticket for use by another participant, or 2) the cost of the ticket not being used. The appropriate amount must be paid to Purdue University to avoid the encumbrance of my Purdue University account.

_____ I understand that notice of withdrawal must be made in writing to Dr. Atkinson (ME 109) or Dr. Harley (Young 105). The date the email, fax or letter is received by either of those program leaders is the date by which any amount owed will be calculated.

_____ I understand that a refund of the study abroad fee will be determined by the Purdue University Bursar according to established Purdue University. I further understand that if I withdraw after the start of the program, I will inform the Office of the Dean of Students in writing of my withdrawal and ODOS will work with the Bursar's Office to determine whether any refund is due.

My name is ______________________ (please print) and by initialing the paragraphs above and signing this form, I confirm that I understand the stipulations and agree to the policies and penalties herein.

__________________________________________
Student signature

______________________________
Date of signature

__________________________________________
Program leader signature

______________________________
Date of signature