



Notification of Withdrawal from or Early Termination of Off Campus Study

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901 ext. 1411
Email: isp@hiu.edu

Program: _____

Date the withdrawal/early termination is to be effective: _____

In withdrawing from or terminating my off campus study program before the scheduled ending date, I understand that the refund policy outlined in the HIU Off Campus Study Statement of Authorization and Consent applies to my actions. Additionally, I acknowledge that I must resolve the implications of my actions with Student Financial Services. I furthermore acknowledge that I must notify the appropriate dean of my early withdrawal. In withdrawing from or terminating my off campus study program before the scheduled ending date, I acknowledge and agree that Hope International University credit is available only for those classes which I have completed and in which I have earned a "C-" or higher in the local grading system. It is possible that I may earn fewer than twelve units typically available to me in a Hope University semester. Finally, I agree to notify the appropriate host institution staff of my early withdrawal.

Student Signature: _____ Today's Date: _____

Printed Name: _____

If program has started:

Program Director's Signature: _____ Today's Date: _____

Printed Name: _____

Address to which refund check should be issued (if applicable): _____

E-mail to: isp@hiu.edu

Academic Advisor Signature: _____ Date: _____

Printed Name: _____

College Dean Signature: _____ Date: _____

Printed Name: _____

Director of Student Financial Services Signature: _____ Date: _____

Printed Name: _____