

STUDY ABROAD CHECKLIST

Student's Name (please print) _____ Student ID: _____

Study Abroad Program City/Country: _____ Term/Year: _____

1. Study Abroad Office (<i>Platt Campus Center</i>) This student has received approval from _____ program on ____		
Name: Rhonda Chiles	Signature: _____	Date: _____
2. Dean of Students (<i>Platt Campus Center</i>) This student has received instructions regarding housing and the student is in good disciplinary standing.		
Name: _____	Signature: _____	Date: _____
3. Financial Aid (<i>Shanahan Center</i>) This student has made appropriate financial aid arrangements for the time of his/her study abroad.		
Name: _____	Signature: _____	Date: _____
4. Student Accounts (<i>Kingston Hall</i>) STUDENT: I understand that although my student account balance is current as of the date below, any new charges will be billed in accordance with my <i>Tuition Payment Agreement</i> . I understand it is my responsibility to check my student account on the Portal and to make timely payments. Payments are always due by the 20th of the month billed (<i>student to initial here</i>) _____. This student's account balance at Harvey Mudd College is current as of _____.		
Name: Patricia Wang	Signature: _____	Date: _____
5. Registrar (<i>Platt Campus Center</i>) This student is in good academic standing and is now registered in Abroad HM course in lieu of courses at HMC. The student understands that s/he will be in Abroad HM course until the registrar's office receives a final official transcript from the study abroad program.		
Name: _____	Signature: _____	Date: _____

Notification of Withdrawal from Study Abroad Program
 I acknowledge that I've personally obtained clearance from each of the above departments. I understand that if I withdraw from the program after confirming my participation to both HMC and the program provider, I am responsible for any unrecoverable charges paid on my behalf.

 Signature of Student Date