



STUDY ABROAD CHECKLIST

Please visit the following offices to obtain approval signatures to ensure that all necessary arrangements have been made for your study abroad semester.

**** Please note the final signature you receive should be from the Registrar. Please obtain all other signatures prior to sending this form to the registrar****

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

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

1. Study Abroad Office (Platt Campus Center)

This student has received approval from the above study abroad program on _____.

Name: Nikki Acosta or Jennifer Alanis Signature: _____ Date: _____

2. Dean of Residential Life (Platt Campus Center)

This student has received instructions regarding housing and the student is in good disciplinary standing.

Name: Karen Romero-Sandoval Signature: _____ Date: _____

3. Financial Aid (Shanahan Center)

This student has made appropriate financial aid arrangements for the time of his/her study abroad.

Name: _____ Signature: _____ Date: _____

4. Student Accounts (Kingston Hall)

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 *Tuition Payment Agreement*. 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 (student to initial here) _____.

This student's account balance at Harvey Mudd College is current as of _____.

Name: Patricia Wang Signature: _____ Date: _____

5. Registrar (Sprague, First Floor)

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 _____

Upon receiving all signatures please make sure to sign the form and send completed form to the registrar and study abroad coordinator.