

REQUEST FOR WITHDRAWAL/LEAVE OF ABSENCE/REFUND

Last Name

First Name

CWID

Mailing Address

Phone Number

City

Zip Code

Email

Country

Program (ALP, USA, Exchange)

To withdraw from the ALP/USA/Exchange program, or to request tuition or health insurance refund, please:

- Fill out the Withdrawal Form
- Meet with ALP/USA Advisor
- Meet with SEVIS Advisor
- Submit an online request
usa.fullerton.edu/forms
(students who are transferring out ONLY).

Withdraw from the Program

I do not plan to return to the program for a future term.
I will:

- ☐ Return home (Attach Travel Itinerary)
- ☐ Transfer to New School (Attach Acceptance Letter)

Medical Leave

- ☐ Non-Enrollment
- ☐ Reduced Course Load

Refund Policy

The International Programs & Global Engagement office aims to provide a great learning experience for all students; however, if you must leave the program early, we offer the following refund policy:

- If a student withdraws before the program start date, a full refund less a \$255 administrative fee will be issued.
- If a student withdraws on the first day or within 25% of the program start date, 65% of the tuition will be refunded.
- If a student withdraws after 25% of the program has elapsed, no refund will be issued.
- The following fees are non-refundable: Application fees, Health Center fee, and Non-Curricular fee.

Leave of Absence

I plan to return to the program for _____ Semester.

Estimated Return: _____
(Attach Travel Itinerary)

Overpayment

- ☐ Tuition
- ☐ Health Insurance
- ☐ Tuition was paid by the sponsor

Explain in detail the reason why you would like to withdraw from the program or/and cancel health insurance.
Please attach required documentation.

Signature

Date

OFFICE USE:

STEP 1 :

ALP/USA Advisor

- ☐ Meeting with the student ☐ Collect medical documents ☐ Collect transfer forms ☐ Other documents
☐ Approved ☐ Denied Name/Date : _____

STEP 2 :

SEVIS Advisor

- ☐ Meeting with the student ☐ Check Holds
☐ Update SOF:
• Applicant details
• SOF tuition, fees and Health Insurance
☐ Update CMS
☐ Update SEVIS
☐ Initiate withdrawal e-mail:
• Enrollment (drop from classes)
• Student Services
• Program Director
• ALP / USA Advisor
• Budget and Finance (refund/partial refund, no refund)
☐ Approved ☐ Denied Name/Date : _____

STEP 3 :

Health Insurance Coordinator

- ☐ Approved ☐ Denied ☐ Not Applicable

Name/Date : _____

STEP 4 :

The SEVIS advisor will :

- Forward the Request for Withdrawal/Leave of Absence/Refund form to the accounting office
- Move scanned document to the student's file

Refund : \$ _____ \$ _____
 Tuition Health Insurance

NOTES :
