

INSTRUCTIONS

Before completing this appeal form, review the Learning Abroad Center Cancellation and Refund Policy and communicate with your Learning Abroad Center program contact to discuss your options. The deadline for your appeal form is no later than one month after your official cancellation date. Appeals for refunds will not be approved for reasons of failure to cancel or for non-attendance. For more information on program refunds visit www.umabroad.umn.edu/policies/CancellationAndRefund.html. Questions regarding this form or the appeal process can be directed to your Learning Abroad Center program contact. If you decide to proceed with the appeal process you must:

- Complete Sections A through C below
- Attach the required supporting documentation and personal statement
- Submit this information to the Learning Abroad Center Finance Director
230 Heller Hall, 271 19th Avenue S, Minneapolis, MN 55455

The decision regarding your appeal will be sent to the email address you list below after the committee has met. Decisions will not be available over the phone.

Section A: Student Information

Last Name _____ First Name _____ Middle Name _____

Telephone (with area code) _____ Email Address _____ Student ID _____

Program Name _____

Term/Year of Cancellation:

- Academic Year 20____-20____
 Calendar Year 20____-20____
 Fall 20____
 Spring 20____
 Winter Break 20____
 May 20____
 Summer 20____

Section B: Reason for Appeal

Please check the box that corresponds to the reason for your appeal. Attach a personal statement explaining your reason and provide required documentation. Required documentation should be dated and on official letterhead.

Reason	Required Documentation
<input type="checkbox"/> Medical	Letter from attending physician/copy of death certificate
<input type="checkbox"/> Illness/Death in Immediate Family	Letter from attending physician
<input type="checkbox"/> Academic	Transcripts and/or student academic record
<input type="checkbox"/> Military Activation	Copy of military activation orders
<input type="checkbox"/> Unanticipated Change in Financial Situation	Copy of paperwork documenting bankruptcy, loss of employment, etc.
<input type="checkbox"/> Other	Required documents to support your claim

Section C: Student Certification

I have understood the impact my study abroad program cancellation will have on my current and future registration, GPA, and progress toward graduation, as well as financial aid (if applicable). I have also informed the necessary parties including my academic adviser and the Office of Student Finance (if applicable) about the program cancellation.

Student Signature _____ **Date** _____

For office use only

Approved? Yes No Results of Decision _____

Effective Date of Adjustment/Refund _____ Term/Year _____

Amount Balance Due _____ By Date _____

LEARNING ABROAD CENTER

230 Heller Hall, 271 19th Avenue South, Minneapolis, MN 55455

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