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.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Medical</td>
<td>Letter from attending physician/copy of death certificate</td>
</tr>
<tr>
<td>☐ Illness/Death in Immediate Family</td>
<td>Letter from attending physician</td>
</tr>
<tr>
<td>☐ Academic</td>
<td>Transcripts and/or student academic record</td>
</tr>
<tr>
<td>☐ Military Activation</td>
<td>Copy of military activation orders</td>
</tr>
<tr>
<td>☐ Unanticipated Change in Financial Situation</td>
<td>Copy of paperwork documenting bankruptcy, loss of employment, etc.</td>
</tr>
<tr>
<td>☐ Other</td>
<td>Required documents to support your claim</td>
</tr>
</tbody>
</table>
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 ____________________