

REFUND APPEAL

INSTRUCTIONS

Before completing this appeal form, review the DIS Cancellation and Refund Policy and communicate with your home institution to discuss your options. The deadline for your appeal 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 refunds visit disabroad.org/cancellation.

If you decide to proceed with an appeal, you must submit the following to the DIS North American Office (refundappeal@disabroad.org):

1. Completed Sections A through C below
2. Required Documentation (see Section B below) - must be dated and on official letterhead
3. A personal statement explaining your reason for appeal

The decision regarding your appeal will be communicated to you or to your home institution, depending on which party was invoiced for your program fees, within 30 days after all items above are submitted. Decisions will not be available over the phone. Decisions are final.

SECTION A: Student Information

Last Name _____ First Name _____ Home University _____

Telephone _____ Email Address _____

Term/Year of Cancellation:

Academic Year 20____ – 20____ Fall 20____ Spring 20____ Summer 20____

SECTION B: Reason for Appeal & Documentation

Please check the box that corresponds to the reason for your appeal.

Reason	Definition	Required Documentation
<input type="checkbox"/> Change in Health	Can be mental, physical, emotional, etc.	Completed Refund Appeal Medical Supplement Form
<input type="checkbox"/> Illness/Death in Immediate Family	Family medical emergency (surgery, long-term illness) or death of immediate family member (does not include grandparents)	Letter from attending physician or copy of death certificate
<input type="checkbox"/> Unanticipated Change in Financial Situation	Financial emergency, does not include "did not understand what I was accountable for" or "did not receive expected scholarship"	Paperwork documenting bankruptcy, loss of employment, etc.
<input type="checkbox"/> Visa/Residence Permit Issues	Delay or denial of issuance of visa/residence permit, out of your control	Proof of timely application, process, timeline
<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

Date received _____

Cancellation Date _____

Decision Date: _____ Approved? Yes No

Refund to School: _____ Refund to Student: _____

Outstanding Balance Due: _____