

**CUAbroad**  
**EDUCATION ABROAD OFFER ACCEPTANCE**

**For CUA & Affiliated Programs**

In order to accept the offer of placement in an education abroad program, all accepted applicants must complete and return this form to the address provided below by the deadline or they will be dropped from the program.

**TO BE COMPLETED BY THE PARTICIPANT:**

PROGRAM IN WHICH YOU WILL BE PARTICIPATING: _____					
SESSION:	SUMMER	FALL	SPRING	OTHER _____	YEAR(S): _____
LAST NAME: _____			MIDDLE NAME: _____		
FIRST NAME: _____			CUA ID: _____		

**PLEASE READ CAREFULLY, INITIAL EACH LINE, AND SIGN AT THE BOTTOM:**

- \_\_\_ I wish to confirm my intent to participate in the education abroad program listed above.
- \_\_\_ I have read the terms and conditions of participation that I signed as part of my application.
- \_\_\_ I received the estimated program cost sheet.
- \_\_\_ I acknowledge my financial responsibility to pay for this program regardless of whether my application for financial aid is approved.
- \_\_\_ I received a copy of the Education Abroad Cancellation and Withdrawal Policy.
- \_\_\_ I understand that I must participate in the general, program-specific and on-site orientations.

Full Name of Applicant (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO:** Center for Global Education – CUAbroad, 111 McMahon Hall, The Catholic University of America, 620 Michigan Avenue NE, Washington, DC 20064, Tel: 202-319-6010, Fax: 202-319-6673 Web: <http://cuabroad.cua.edu> Email: [cua-cuabroad@cua.edu](mailto:cua-cuabroad@cua.edu)

**OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NAME \_\_\_\_\_