

# UW STUDY ABROAD WITHDRAWAL / DEFERRAL REQUEST

**A. Please complete this section if you intend to withdraw or defer:**

STUDENT NAME:				
UW EMAIL:		UW STUDENT#:		
NAME OF PROGRAM/EXCHANGE & LOCATION				
WITHDRAWAL FROM: (Please circle applicable quarters)	AUTUMN	WINTER	SPRING	SUMMER
ACADEMIC YEAR(S):				

**B. Complete this section only if you plan to defer your participation:**

DEFER TO (Program start):	AUTUMN	WINTER	SPRING	SUMMER
ACADEMIC YEAR:				

**C. Please read and sign (withdrawals and deferrals):**

By signing and submitting this form, I request that IPE withdraw/defer me from participation and concurrent enrollment in the international opportunity indicated above. My withdrawal/deferral will take effect on the date this request is received by IPE, either by fax or mail. If I withdraw and do not complete the academic term in progress, I understand a "W" will be reported on my transcript for all courses for which I am concurrently enrolled.\* If I complete the current academic term but withdraw from a future academic term, my grades and credits for courses taken will be reported on my UW transcript.

I understand and agree to these conditions as well as the concurrent enrollment and withdrawal/deferral policies specific to my program or exchange. I am aware of the financial consequences of my withdrawal/deferral\*\*. If I received an IPE Scholarship for my studies abroad, I may be required to return these funds to IPE.

**Student Signature**

**Date**

\*Students wishing to withdraw after the 7<sup>th</sup> week of a full-term program or after the 3<sup>rd</sup> week of a one or two-month program may not be eligible to withdraw and should contact IPE for details.

\*\*Students withdrawing due to physical and/or mental debilitation, death or serious illness in the immediate family, severe financial hardship or other extenuating circumstances beyond their control may be eligible to submit a petition for emergency withdrawal. Please download this form from <http://ipe.washington.edu/forms> if you believe that you fall into this category.

IPE FOR OFFICE USE ONLY		
<b>1. Regional Advisor</b>	<b>Initials:</b>	<b>Date:</b>
Local and/or Foreign Coordinator Approval Received <input type="checkbox"/>	Database & File Updated <input type="checkbox"/>	
Student notified of changes <input type="checkbox"/>	Fin Aid notified <input type="checkbox"/>	
<b>2. Enrollment Advisor</b>	<b>Initials:</b>	<b>Date:</b>
Student withdrawn (if applicable) <input type="checkbox"/>	CE Ref. Rec.:	
<b>3. Fiscal Administrator</b>	<b>Initials:</b>	<b>Date:</b>
IPE Fee refund (if applicable) <input type="checkbox"/>	Other Fees refund (if applicable) <input type="checkbox"/>	
IPE Scholarship return (if applicable) <input type="checkbox"/>		
Petition for Emergency W/D    yes <input type="checkbox"/> no <input type="checkbox"/>	Petition granted <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>4. Credit Advisor</b>	<b>Initials:</b>	<b>Date:</b>
'W' reported on transcript (if applicable) <input type="checkbox"/>		

**PLEASE SUBMIT YOUR COMPLETED  
REQUEST BY FAX OR MAIL TO:**

**University of Washington  
International Programs & Exchanges  
459 Schmitz Hall, Box 355815  
Seattle, WA. 98195-5815  
Fax: 206-685-3511**