

GOVERNORS STATE UNIVERSITY

STUDY ABROAD PROGRAM DEPOSIT FORM

Directions: Please complete and submit the following to Amy Schoenberg, Study Abroad Coordinator, Office of International Services, GMT 151.

STUDY ABROAD PROGRAM NAME: _____

TOTAL PROGRAM COST: _____

DEPOSIT DUE: _____

_____ Accept my check made payable to Governors State University

_____ Charge my deposit to: ___ Master Card ___ Visa ___ Discover

Card # _____

Expires _____ Verification Number _____

(Signature as appears on credit card)

In signing this form I certify the following:

By making this deposit I am promising to participate in the above-referenced study abroad program. I understand that I will be responsible for covering the entire program cost by the determined deadlines. Except in the unlikely event that the program I am accepted into is not offered at all, this deposit and all other payments I make to Governors State University for participation in this study abroad program will not be refunded to me under any circumstances.

Signature

Date