



STATEMENT OF UNDERSTANDING

between WOFFORD COLLEGE and Students Participating in Study Abroad Programs

I, _____, understand that the following items are
(student/participant, print name here)

a condition of my participation in Wofford College's study abroad program. From time to time and in the sole discretion of Wofford College, its administration, faculty, staff, or the administrators of the study abroad program, it may become necessary for members of Wofford's administration, faculty, staff, or the administrators of the study abroad program to discuss my performance and/or progress while participating in the study abroad program with my parents, legal guardians, and/or any other party financially responsible for my education at Wofford College, in particular my participation in Wofford's study abroad program. I understand that this may include, but may not be limited to, my attendance at required program functions, my scholastic performance (e.g., grades, punctuality, timeliness in submitting assigned work, general classroom attitude and demeanor, interaction with other students and/or program participants, etc.), and my satisfaction of any other program prerequisites or requirements. I, hereby authorize Wofford College to address my parents, legal guardians, or any other party financially responsible for my education at Wofford College, in particular my participation in Wofford's study abroad program, these issues and any other issues or concerns which may arise in association with my participation in such program.

I am also fully aware of my obligation to remit payment to Wofford for any tuition/fees/boarding and other incidental charges that are incurred. These fees are billed with the normal Wofford billing and *may or may not be received prior to departure*. It is imperative that these fees be paid in full by the due date. Failure to remit payment will jeopardize and may require the exclusion from enrolled classes and eviction from housing until charges are paid in full.

This release is valid for the duration of my participation in Wofford's study abroad program or until I otherwise notify program administrators in writing.

Student Participant's Signature

Date

By: Kathy Kelley, Wofford College Representative

Return to: Kathy Kelley
Wofford College Business Office
CPO D
429 N. Church St.
Spartanburg, SC 29303-3663