



# Notification of Withdrawal from or Early Termination of Off Campus Study

2500 E. Nutwood Ave.  
Fullerton, CA 92831 USA  
(714) 879-3901 ext. 1411  
Email: [isp@hiu.edu](mailto:isp@hiu.edu)

Program: \_\_\_\_\_

Date the withdrawal/early termination is to be effective: \_\_\_\_\_

In withdrawing from or terminating my off campus study program before the scheduled ending date, I understand that the refund policy outlined in the HIU Off Campus Study Statement of Authorization and Consent applies to my actions. Additionally, I acknowledge that I must resolve the implications of my actions with Student Financial Services. I furthermore acknowledge that I must notify the appropriate dean of my early withdrawal. In withdrawing from or terminating my off campus study program before the scheduled ending date, I acknowledge and agree that Hope International University credit is available only for those classes which I have completed and in which I have earned a "C-" or higher in the local grading system. It is possible that I may earn fewer than twelve units typically available to me in a Hope University semester. Finally, I agree to notify the appropriate host institution staff of my early withdrawal.

Student Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

***If program has started:***

Program Director's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address to which refund check should be issued (if applicable): \_\_\_\_\_

\_\_\_\_\_

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***E-mail to: [isp@hiu.edu](mailto:isp@hiu.edu)***

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

College Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Director of Student Financial Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_