

**MUHLENBERG COLLEGE EDUCATION ABROAD
PROGRAM ACCEPTANCE FORM
2007 - 2008**

Student Name:

Host Institution Program Name:

Academic enrollment period:

I accept the Muhlenberg College approval to study abroad at (***program abroad***) during the enrollment period: (***Fall, Spring, or Year***) . Attached is my non-refundable deposit of \$500.00. The deposit consists of \$300.00 which will be applied toward payment of my regular Muhlenberg College tuition fees during the semester of my education abroad program Plus a mandatory payment for medical insurance which will be in effect during the period of my education abroad program, and an International Student Identity Card. Should I subsequently withdraw from the Education Abroad program, I understand that the deposit will not be refunded nor will it be applied to any Muhlenberg fees or charges.

Signature

Date