



BURKINA FASO PROGRAM

CONFIRMATION / DEPOSIT

(FOR NON-SANTA CLARA UNIVERSITY STUDENTS ONLY)

Please complete this form within 10 days of your acceptance and return to Santa Clara University along with your \$500 deposit. This amount will be credited to your tuition payment on your eCampus account. Make your check payable to Santa Clara University and be sure to put your name in the memo (if the check is not in your name) and attach this form to it.

Last Name:	First Name:
(Circle one) Fall Year: _____	Home University:

CONFIRMATION: I INTENT TO ENROLL IN THE BURKINA FASO PROGRAM

I agree to pay all charges incurred during my participation in Santa Clara University's *Burkina Faso Program* program. I fully understand that all tuition, room & board, and registration fees will be posted to my eCampus account at the Bursar's Office at Santa Clara University and due before I depart for Burkina Faso. I agree to make all payments to Santa Clara University or make arrangements with responsible person(s) or office at my home university to make payments on my behalf.

WITHDRAWAL: I WILL NOT PARTICIPATE IN THE BURKINA FASO PROGRAM

Reason for withdrawal: _____

If you withdraw at a later date, you must notify the staff at the Burkina Faso Program via email. Failure to follow the withdrawal policy will result in Santa Clara University billing you as a student.

PLEASE SUBMIT THIS FORM WITH YOUR CHECK TO:

Lori Johnson
International Programs Office, Kenna 110
Santa Clara University
500 El Camino Real, Santa Clara, CA 95053

FAX: 408.554.2340;

PHONE: 408.554.6940

OFFICIAL USE ONLY

Billed Date: _____ Amount Billed: \$ _____ Date Rec'd: _____ Amount Paid: \$ _____
Balance: \$ _____ NOTES