



# CASA DE LA SOLIDARIDAD

## 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   Spring   Summer:      Year: _____	Home University:

] **CONFIRMATION:**    I INTENT TO ENROLL AT THE CASA DE LA SOLIDARIDAD

I agree to pay all charges incurred during my participation in Santa Clara University's *Casa de la Solidaridad* 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 El Salvador. 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 CASA DE LA SOLIDARIDAD

Reason for withdrawal: \_\_\_\_\_  
\_\_\_\_\_

If you withdraw at a later date, you must notify the staff at the Casa de la Solidaridad 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**  
**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