

OFFICE OF INTERNATIONAL AND OFF-CAMPUS PROGRAMS

DREW UNIVERSITY MADISON, NJ 07940 HALL OF SCIENCE ROOM 9 TEL: 973/408-3438 FAX: 973/408-3768

**FINAL PROGRAM NOTIFICATION FORM
FOR PARTICIPATION IN AN APPROVED LIST PROGRAM**

Once your program sponsor has notified you of your status and you have made your final decision regarding your participation in your Approved List program, please complete and return this form to the Office of International and Off-Campus Program. Your signature authorizes Drew to pay your program sponsor's bill on your behalf.

Failure to submit this form will prevent payment of your bill which will jeopardize your enrollment in your chosen program. **This form must be returned immediately after sending in a deposit to your program.**

Name: _____

Program Sponsor: _____

Program Location: _____

Program Dates: _____

_____ Yes, I plan to participate in the International or Off-Campus study program indicated above.

_____ No, I will not be studying off- campus. Please explain your reasons (voluntary)

Signature: _____ Date: _____