STUDY ABROAD PROGRAM DISMISSAL NOTIFICATION FORM

*Email this form to studyabroad@weber.edu within 48 hours of signing.

Date, time and location of incident: __________________________________________

Name of participant: ___________________________ Witnesses: ________________________

On _________(date)_________ the above participant was determined to have violated the Weber State University Student Code in the following manner:

Please check the appropriate box:

☐ After having received a prior Written Warning the above-named participant has not desisted from continuing to violate the WSU Student Code, nor has s/he fulfilled the required expected behavior conditions as specified on the Written Warning. For this reason, the student in question is being dismissed from the program.

☐ The seriousness of the violation is such that further participation by the above named participant would be to the detriment of the study abroad program and its participants or cause detriment to the best interest and welfare of the program and to WSU. For this reason, the participant in question is dismissed from the study abroad program.

To be completed by the participant: I understand that, due to my violation of the WSU Student Code, I have been dismissed from the above-mentioned study abroad program. Dismissal shall not affect my obligation to make any and all payments to WSU. I understand that I may receive a grade of "F" in all course work in progress. In addition, I will not be entitled to a refund of fees, may be required to reimburse WSU for financial aid received, and I am responsible for all non-recoverable costs incurred by the host institution and/or WSU. I understand that the conduct that led to my dismissal from this program may also lead to further sanctions upon returning to WSU. I agree to immediately absent myself from all premises used by the study abroad program.

____________________________________________________________________________
*Participant’s Signature

Printed Name

Date

____________________________________________________________________________
*Program Director’s Signature

Printed Name

Date

NOTES: