MISTI Study Abroad Withdrawal Form

Student: Last Name:			First Name:	
Country:				
Term Abroad: Fall	Spring	Summer	Academic Year:	
In addition to this form	, students must	attach a letter det	tailing the circumstances surrounding the withdrawal.	
l elect to withdraw from t	he above MISTI S	tudy Abroad Progra	m and agree to the following:	
			eave from MIT. I will contact Student Support Services (S3) to take steps to nce ready. MISTI will notify S3 of my study abroad withdrawal.	
I am withdrawing from	all my credit course	es for the academic p	eriod indicated above, and will earn no credit for any work I may have complete	ed.
 I understand that withd 	rawing may have a	financial impact on n	ny student aid at MIT.	
required.		, , , ,	utstanding fees including non-refundable costs (tuition, housing, travel, etc.), if	
	• •	•	esidence permit status abroad.	
 I understand that withd 	rawing may impaci	my MIT Medical Insu	rance. ISOS and travel insurance will be cancelled.	
	vell as the withdray	val policies of MISTI.	Ite this form is received by MISTI. I understand and agree to the withdrawal polling I am aware that I may be responsible for any withdrawal charges and/or nonmay be significant.	icies
Student Signature:			Date:	
Student Email:				
If abroad, complete this s	section:			
Host Institution Internation	onal Office Repres	sentative or Progran	n Director:	
			First Name:	
Last Name:				
Last Name:	ed Class:			

Email Isabelle Bitman, MISTI Program Coordinator at ibitman@mit.edu regarding the withdrawal.

Upload this Withdrawal form and your letter to the Terra Dotta Application Portal under In-Country Withdrawal.