

2009 Agreement Form - FLAS Recipients

As a FLAS recipient, I realize that it is my responsibility to satisfy the requirements and deadlines set forth by FLAS.

Any decision to cancel my participation in my program must be made by April 3, 2009. The \$300 deposit is non-refundable. Failure to cancel by April 4 will result in a charge for the full program fee.

By signing this agreement, I am accepting full responsibility for all UCLA Travel Study program fees that must be paid in full at least 10 days before the program start date. I understand that funds to cover the housing portion of my program will be disbursed directly to me, and it is my responsibility to make sure my program fees are paid in full to UCLA at least 10 days before the program start date. I understand that if I decide to cancel for any reason after April 3, I will be assessed the full program fee.

Signature	Name (Print)
_____	_____
Date	Travel Study Program
_____	_____
Institution	Name of FLAS Coordinator
_____	_____
	Phone Number of FLAS Coordinator

	Email address of FLAS Coordinator

Please submit this signed document with official documentation from your FLAS Coordinator showing that you are receiving a fellowship for your Travel Study program. **Please submit this signed form at the time of application. All supplemental documents must be submitted to the UCLA Travel Study Office no later than May 22, 2009. Please note that ALL students receiving a FLAS fellowship assume full responsibility for all program fees.**

Program fees must be paid in full at least 10 days before the program start date.

UCLA International Education Office
Travel Study Programs
PO Box 951418
Los Angeles, CA 90095-1418
ieo@international.ucla.edu

For Office Use Only		
Registration# _____	UID# _____	Confirmed __Not Confirmed__