



Office of International Programs

201 Wingo Hall
Charleston Southern University
Charleston, South Carolina
843-863-7569



Request for Pre-Departure Refund of Deposited Monies

Name: _____ Date: _____

CSU Student ID #: _____

OIP Study Program: _____

Refund Amount Requested: _____

Reason for Refund

_____ No longer participating in program
(Reimbursement of deposited monies will be *minus* the Initial Deposit and any fees or costs incurred due to cancellations/adjustments of transportation and/or accommodation reservations already made.)

_____ Excess monies deposited into account (beyond those required for trip)

_____ Other:
(Specify) _____

Participant Signature

Trip Sponsor Signature