

# Study Abroad Cancellation Request Form

Name:  Student ID #:

GGC Email Address:

Address:

Study Abroad Program

Start and End Dates

Reason for Request (Detailed explanation):

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Internationalization (Approval)

\_\_\_\_\_  
Date

