INTENT TO ENROLL FORM

| Name ____________________________ | Date of Birth ____________________________ |
| E-mail __________________________ | Home School______________________________ |
| Program __________________________ | Term ____________________________ |

In order to **reserve your place in the program**, please complete this form and return it to the Arcadia University Center for Education Abroad. In addition to the intent to enroll form, Arcadia University requires that a deposit be submitted on behalf of each participant. Arcadia has special billing agreements with many home institutions. If there is such an arrangement with your home school, a special billing sheet will appear in your final acceptance packet. It provides information about whether your home school will pay your deposit.

If you are required to pay the program deposit, please answer all the questions below and submit the deposit along with this form.

**I intend to participate in the Arcadia University study abroad program:**

- YES
- NO, I do not wish to attend the program. Please withdraw my application for the following reason(s):

  ____________________________________________________________________________

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**My non-refundable deposit of $500 to reserve my place in the program:**

(Please check the appropriate box)

- is enclosed
- is being sent by my university my parents other source ____________________________ (please specify)

  has been sent on ______________ (date)

  was a credit card payment on ______________ (date)

Students who are responsible for paying their own deposit should make checks in the amount of $500 payable to Arcadia University. Payments may also be made by credit card (Visa, Discover, MasterCard, or American Express), or via electronic transfer. If you wish to pay by credit card or bank transfer, payment may be made online at [www.arcadia.edu/cea/pay](http://www.arcadia.edu/cea/pay). Please have your Student ID (found on your official Arcadia University acceptance letter) ready. Credit card payments may also be received by phone at 866-927-2234, x 2148.

Make checks or money orders payable and mail to:

Arcadia University
Center for Education Abroad
450 South Easton Road
Glenside, PA 19038-3295

I understand and accept the regulations governing the Arcadia University Center for Education Abroad programs and accept the program fee payment and refund policy as outlined on the Arcadia University Center for Education Abroad’s website [http://www.arcadia.edu/cea/predeparture](http://www.arcadia.edu/cea/predeparture).

Signature ____________________________ Date ____________________________