

Dr. Scott E. Pincikowski 301.696.3475 <pincikowski@hood.edu>  
Office fax 301.696.3479

## Short-term/Faculty-led Study Abroad Trips

### INTENTION TO PARTICIPATE

By signing below, I notify Hood College that I intend to participate in the \_\_\_\_\_ (name of trip), offered to select Hood students on \_\_\_\_\_ (dates of trip).

If my status as a full-time, degree-seeking student in good academic standing changes prior to the program, I acknowledge that I shall withdraw and that my place may be offered to another qualified Hood student.

By submitting this document, I accept full financial responsibility for any costs of the trip, including any non-refundable deposits or cancellation fees.

Further, if I withdraw from participation in this faculty-led program, I agree to pay any and all non-refundable expenses incurred on my behalf.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
date

**Please share these materials with your parent(s) or guardian.**