**STUDY ABROAD REQUEST FOR CLOSEOUT FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017**

**[Name of Program]**

Account # (2016): A200\_\_\_\_\_\_\_

The amount below is the current balance for the above referenced account for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ study abroad program to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[College and Department] [Country]

for Academic Year 2016. This account would have been established in Fall 2015 and should be closed at the conclusion of the Program in Fall 2016 according to the study abroad agency account procedures. The balance will be transferred into the account for the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ study abroad program to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[College and Department] [Country]

for Academic Year 2017 once it is established. The new program account number is yet to be determined.

Balance: $\_\_\_\_\_\_\_\_\_\_\_\_

As of [date]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that all revenue and expenses have been accounted for and that this account has been reconciled. I further certify that this amount is a true and accurate balance to be transferred to the account for the next program year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agency Account Applicant/Program Director 2017 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of 2016 Agency Account Approver (if different from above)/Program Director 2016 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agency Account Approval Authority/Dept. Chair or Dean Date

Approvals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Education Abroad Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Controller’s Office Date