

Statement of Financial Responsibility

This signed form confirms that if I am selected and I accept the offer of a travel grant, if for any reason I am unable to attend the program or change the reservation (after the non-refundable ticket is purchased), my family will be required to reimburse Wesleyan University for the full amount of the airfare or change fee.

Signature of parent/guardian _____ Date _____

Signature of admitted student _____ Date _____

Print student's name _____ Date(s) of visit _____

**Please send all materials to the attention of SOC at
svega@wesleyan.edu or Fax this signed form to:**

**Wesleyan University
Office of Admission
Fax: 860-685-3001**