

Center for International Education Services / Study Abroad

Study Abroad Faculty-led Program Proposal

Application Cover Page

Name: _____

Academic Department: _____

E-mail Address: _____ Telephone: _____

Campus Address: _____

Proposed Course Title: _____

Proposed Program Location(s):

Program Length: _____

Frequency of Program offering (Annual, Biannual, etc.):

Approvals

Approved by:

Department Chair

Date

College Dean