

ACADEMIC: If study tour is offered by multiple departments, separate forms are required from each department. A specific number of credits must be determined adhering to the course catalog listing (no variability). **This form must be approved 12 months before the course schedule is released.**

Department	Course	Section	Precise # of credits for <u>all</u> courses
_____	— <u>90</u>	_____	_____
_____	— <u>90</u>	_____	
_____	_____	_____	

Instructors/Coordinators (all who travel):

TOPIC

(TRANSCRIPT TOPIC LIMITED TO 30 CHARACTERS/SPACES - ABBREVIATE IF NECESSARY)

Course Start/End Dates (including on-campus meetings): _____ to _____ Term: _____ Year: 20_____
Grades due 48 hours from course end date!

Proposed Travel Dates: _____ to _____ Destination(s): _____

Prerequisites: _____ Catalog prerequisites will also be applied.

Minimum Enrollment in Course (without audits): _____ Maximum Enrollment in Course: _____ (with audits).

SAFETY: Review U.S. Dept. of State Country Information on all destination(s) <https://travel.state.gov/content/travel/en/internationaltravel.html> . Coordinators must address identified health/safety threats. What is the **Travel Advisory Level** of destinations? _____

ACADEMIC INFORMATION: Please attach **course syllabus** to this document.

PROGRAM COSTS: A detailed **program budget** should be attached to this form including costs covered by the Special Course fee and student out of pocket cost estimates. For assistance developing a budget, contact ISS/SA.

TO BE COMPLETED BY ISS/SA OFFICE:

Study Abroad Fee: \$100 (Acct: 128-16-3200-2-9323 #PRJ62TI) to be charged upon program acceptance.

Study Abroad Contingency Fee: \$50 (Acct: 128-16-3200-2-9323 #PRJ62TH) to be charged upon program acceptance.

Study Abroad Insurance Fees: \$_____ (Acct: 128-16-3200-2-9323 #128998C) to be charged upon program acceptance

Program Fee: \$_____ (Acct: 128-16-3200-2-9323 #_____) Total Study Abroad Fees for this program: \$_____

REQUIRED SIGNATURES:

PRINT NAME	SIGNATURES	TEL. EXT	DATE	APPROVED	REJECTED
Department Chair:					
Dean:					
ISS/SA Office					
Provost/VC:					

Provost Office: Please return this form to ISS/SA Office for distribution to Faculty, Dept. Chair, Dean & Registrar, Cashier