

STUDY ABROAD/AWAY PROGRAM PROPOSAL

Leading a Study Abroad of Away Program: A Faculty and Staff Toolkit

FACULTY LEADER AND PROGRAM INFORMATION

NAME: _____ TITLE: _____

DEPT.: _____ COLLEGE: _____

EMAIL: _____ EXT.: _____

NAME: _____ TITLE: _____

DEPT.: _____ COLLEGE: _____

EMAIL: _____ EXT.: _____

PROGRAM LOCATION(S): _____

COURSE INFORMATION - TITLE: _____ #: _____ NO. OF UNITS: _____

TERM/YEAR COURSE(S) WILL BE OFFERED:

Fall ____ Fall Break ____ Winter ____ Spring ____ Spring Break ____ Summer ____ /20 ____

COLLEGE APPROVAL OF DEPARTMENT STUDY ABROAD/AWAY PROGRAM BUDGET

Note –faculty and staff must follow their department, college, ASI, and university processes for completion of program-related financial transactions, as applicable.

1. Department Chair Approval

By signing below, I confirm that I have reviewed and agree with the information provided in the attached proposed budget for the program named above.

Dept. Chair Signature

Dept. Chair Name (print)

Date

2. College Dean or Associate Dean Approval

By signing below, I confirm that I have reviewed and agree with the information provided in the attached proposed budget for the program named above.

College Dean/Assoc. Dean Signature

College Dean/Assoc. Dean Name (print)

Date

STUDY ABROAD/AWAY PROGRAM PROPOSAL

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EXTENSION AND INTERNATIONAL PROGRAMS (EIP) APPROVAL OF DEPARTMENT STUDY ABROAD/AWAY PROGRAM BUDGET

3. EIP Approval

By signing below, I confirm that I have reviewed and agree with the information provided in the attached proposed budget for the program named above.

EIP Budget Manager Signature

EIP Budget Manager Name (print)

Date

To be completed by SAGE Staff:

INITIAL APPROVAL

REVISION TO PREVIOUSLY APPROVED BUDGET

DATE OF INITIAL APPROVAL

Shari Merrill: smerrill@fullerton.edu - Study Abroad and Global Engagement,
Global Titans Center, Extension & International Programs