FACULTY APPLICATION FOR INTERNATIONAL FIELD STUDY COURSE

To be completed by the Faculty Member:

To: ____________________________ Chair, Department: ______________________________

School/College: ________________________________ Campus: _______________________

From: _______________________________ Department: ______________________________

Office Address: __________________________ Ext: _______ E-mail: ____________________

Course Name (proposed): ____________________________________________ Credit: ______

Course Number (if existing): _______________________ Semester/Year ____________/______

(Please attach a course description)

Estimated fee: $_____________ per person (all expenses excluding tuition)

Enrollment minimum for course to run: ____________ Enrollment maximum: ______________

I have read the University-Wide Guidelines and Faculty & Administrative Procedural Checklist for International Field Study Courses and agree to follow them.

Faculty Signature: _______________________________________ Date: __________________

To be completed by the appropriate Department Chair:

Approval of Chair: _______________________________________ / ______________________

Name                                                                              Signature

Please indicate if core, major or open elective credit will be granted for this course. Credit to be applied as: ___________________________________________________________________

Comments: ___________________________________________________________________

____________________________________________________________________________ Date: _____________________

To be completed by the appropriate School (Associate) Dean:

Approval of (Associate) Dean: _______________________________ / ___________________

Name                                                                  Signature

School/College: ___________________________________________ Date: __________________

Comments: ________________________________________________________________

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