

**REQUEST FOR APPROVAL
VALDOSTA STATE UNIVERSITY
STUDY ABROAD PROGRAM**

_____ Program for Credit
_____ Non-Credit Program

_____/_____/_____
Institution Program Title Dates of Program

Attach a brief description of the proposed program including the following information:

- 1) nature and purpose of the program;
- 2) description of the academic component including type and number of credit hours to be awarded, number of contact hours, method of evaluation, course title(s) and number(s), and examples of course-related activities/excursions outside the classroom;
- 3) projected number of students and faculty;
- 4) projected cost to each student in budget format;
- 5) amount and source of faculty compensation;
- 6) program affiliations;
- 7) security and travel arrangements;
- 8) countries and cities to be visited.
- 9) liability waiver form

_____/_____/_____
Program Director Title Telephone No.

_____/_____
Dept./Division Head Date

_____/_____
Dean Date

_____/_____
Director Int'l. Programs Date

_____/_____
*Chief Business Officer Date

_____/_____
* Chief Academic Officer Date

* By signing this form I certify that this program meets all fiscal and academic standards of my institution.