



STUDY ABROAD PROGRAM PROPOSAL FORM

Program Title: _____

Program Site: _____

Date of Program: _____

Program Director(s): _____

Campus CID: _____

Campus CID: _____

*Attach a program proposal to this form.
Course to be offered (attach additional sheets if necessary)

Description of program (if extensive field work/travel study outside of the primary program location is an integral part of a course, please include detailed information about the location, approximate number of days involved, etc., for such travel)

How does this program meet the mission and goals of ASU: _____

Screening of students done by:

Criteria for student selection:

Program Director Signature: _____

Program Director Signature: _____

Department Head Signature: _____

Department Head Signature: _____

Dean Signature: _____

Dean Signature: _____

Coordinator of Study Abroad: _____

Director of the Center for International Studies: _____

Provost: _____

President: _____

Original: Director of the Center for International Studies
Cc: Dept. Head, Dean, Provost, President, HR, Payroll