

Summer Study Abroad New Program Proposal Form

DEPARTMENT: _____

FACULTY NAME: _____

CAMPUS ADDRESS: _____

EMAIL ADDRESS: _____

Program Description:

Program Name _____

Program Site(s) _____

Duration (in weeks) _____

Dates of Program _____

Number of Credit Hours per Student _____ Target Student Enrollment _____

Is this an undergraduate program only or will graduate courses be offered?

Please list the name of the Faculty Director for the Program: Is he/she willing to direct for at least three years?

Course Titles and Course Numbers of Courses to be Offered by Program:

SIGNED BY:

Faculty Member: _____

Department Chair: _____