

INTERNATIONAL TRAVEL PROPOSAL

(This form is used for Clubs and Organizations)

(To be submitted 3 months prior to departure)

PROGRAM INFORMATION – TO BE COMPLETED BY THE GROUP LEADER

Program Title:
Sponsoring Department:
Program Location (City and Country):
Program Dates (MM/DD/YY): FROM: _____ TO: _____
Program Length in Days:
Is this the first time this program has been offered? If no, please list date of last travel:
Program Description:
Please list the eligibility requirements for participants to be permitted to attend the program:
What is the maximum number of participants this program will enroll based on program content and location?
Please list the name and contact information for the Partner Institution or Third Party Provider you are working with, if any, on the logistics and planning for this program:
Provide a detailed itinerary including all the locations and cities you will visit during this travel:
Type of program housing anticipated to be used (check all that apply): <input type="checkbox"/> Host university dormitories <input type="checkbox"/> Commercial hotels/apartments <input type="checkbox"/> Hostels <input type="checkbox"/> Other (please explain);
Please provide a complete listing of all accommodations with location and contact information that you plan on using during this program (if known):
Please describe the primary mode of transportation (to country and within country) including names of companies (if known):

GROUP LEADER INFORMATION

Group Leader:	Campus Department:
Telephone #.	Email Address:
<p>Please describe the extent of your travel experience within the proposed program location and your familiarity with local customs, culture, language, laws, etc. If the primary language spoken there is not English, please provide information regarding your level of fluency in the primary language of that country, and/or your plan for an interpreter/translator:</p>	

After completing form, print, sign, and date, obtain approval and submit completed form to OSA.

PROGRAM LEADER AGREEMENT:

I understand and accept my leadership responsibilities as the Program Leader on this proposed Program and agree to uphold the expectations required of me in this role;

Name/Title

Signature

Date

ASSOCIATE DEAN OF STUDENTS APPROVAL:

I have reviewed and approve this proposal;

Signature

Date