

STUDY ABROAD AUTHORIZATION FORM

(1) SEMESTER/YEAR: _____

(2) DURATION OF TRIP: _____ THRU _____

(3) DESTINATION: _____

(4) FACULTY SPONSOR: _____

(5) DEPARTMENT SPONSOR: _____

(6) COLLEGE: _____

(7) PER STUDENT COST: \$ _____

(8) TOTAL ESTIMATED COSTS (attach detailed budget): \$ _____

(9) APPROVALS / SIGNATURES:

FACULTY SPONSOR: _____ DATE _____

DEPARTMENT CHAIR: _____ DATE _____

COLLEGE DEAN: _____ DATE _____

CAMPUS PROVOST: _____ DATE _____

Finance / Enrollment Services Department Use Only

AR Code linked to course: _____

GL Account number: _____ -56420
