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next step

## Faculty

NAME OF FACULTY

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PHONE

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## Program Information

DESTINATION FOR STUDY ABROAD (CITY, COUNTRY)

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LANGUAGE REQUIREMENT FOR PARTICIPATION

- No
- Yes, please specify : \_\_\_\_\_

IDEAL DATES FOR STUDY ABROAD (MM/DD/YYYY)

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IDEAL SEMESTER FOR THE PROGRAM

- Spring       Fall
- Summer       Other: \_\_\_\_\_

CLASS CONNECTION TO THE PROPOSED COUNTRY

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EXPERIENCE IN PROPOSED COUNTRY

CONTACTS IN PROPOSED COUNTRY

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INVOLVEMENT

- Participant
- Organizer

DATES & DURATION

CITY, COUNTRY

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COMMENT ON EXPERIENCE