



FLORIDA ATLANTIC UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD PROGRAMS

PROPOSAL

SAP: _____

Program Leader: _____

Last name First name Z Number

Email address Passport number

Home address City State Zip code Phone number

College Department Rank Phone number

1) Brief Description of Trip: Include dates of departure and return, destinations, duration of intended stay, and reasons for offering this SAP:

(Attach Budget Sheet, Contingency Plan, Itinerary, and Pre-departure Orientation Outline)

2) Course Information: Describe the requirements, academic terms, and credit hours for each course you plan to offer in this SAP. (Attach Syllabus)

3) Payment Information: Consult with you vendors and suggest payment deadlines. Final payments need to be in 5 weeks prior to departure.

Projected Number of Travelers: _____

Signature: _____
Program Leader

Date: _____

Signature: _____
Department Chair

Date: _____

Signature: _____
Dean of College

Date: _____

Signature: _____
Director International Programs

Date: _____

Signature: _____
Dean of Undergraduate Studies

Date: _____

Signature: _____
Provost & Chief Academic Officer

Date: _____