



Georgia Gwinnett COLLEGE

EDUCATION ABROAD PROGRAM APPROVAL FORM: DETAILED REQUEST AY24-25

Credit-bearing Program Non-credit Program Program Dates

Program Title Program Location(s)

Program Director(s): As a faculty member leading this program, I certify that the program meets academic, fiscal, health, and safety standards, and that no other program at GGC or in the University System of Georgia would make the program redundant. I agree to:

- 1. Attend a workshop hosted by the Office of Internationalization (OI).
2. Comply with Business and Finance and all other regulatory guidelines as explained in the pre-departure workshop.
3. Provide two pre-departure orientations to students, at least one of which must be coordinated with OI.
4. Provide current certification in first aid (CPR) administration no later than two weeks prior to departure.

I understand that if the study abroad program involves the establishment of a new course, the policies and procedures of the specific school and college-wide Curriculum Committee for the creation of a new course also apply.

I understand that if I do not attend to the above responsibilities, I cannot lead the education abroad program.

Name of Program Director Title Telephone Number

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School Dean: I certify that the program meets school and college academic standards and the students' curricular needs.

Name of Dean/Supervisor Signature Date

Director of Internationalization: The Education Abroad Review Committee has reviewed this proposal and has recommended its approval ___ with ___ without amendments.

Name of Director of Internationalization Signature Date

* Name of VP, Business and Finance Signature Date

* Name of Provost Signature Date

* Name of President or Designee Signature Date

*By signing this form, I certify that this program meets all fiscal and academic standards of GGC and of the University System of Georgia.