



Georgia Gwinnett  
COLLEGE

EDUCATION ABROAD PROGRAM APPROVAL FORM: PRELIMINARY REQUEST AY24-25

\_\_\_\_ Credit-bearing Program      \_\_\_\_ Non-credit Program      Program Dates \_\_\_\_\_

\_\_\_\_\_  
Program Title      \_\_\_\_\_  
Program Location(s)

**Program Director(s)** – Please confirm the following:

- There is sufficient student interest to generate minimum program enrollment.
- This program does not compete for the same small pool of students with an existing program.

\_\_\_\_\_  
Name of Program Director      Title      Telephone Number

\_\_\_\_\_  
Name of Program Director      Title      Telephone Number

\_\_\_\_\_  
Name of Program Director      Title      Telephone Number

\_\_\_\_\_  
Name of School Dean/Supervisor      Signature      Date

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

\_\_\_\_\_  
Name of Director of Internationalization      Signature      Date