

INTERNATIONALIZATION

REQUEST FOR STUDY ABROAD SITE VISIT GRANT

- NB:**
1. Not applicable to third-party programs
 2. Priorities: new programs; existing programs which have had no site visits in the past five years

A complete packet must include the following:

1. **Preliminary Program Proposal**
2. **Site Visit Budget.** A detailed budget should be provided in addition to the summary on this page. Meals are not funded but may be included in the Budget Summary.
3. **Documentation** – Examples: travel information (itinerary, rates, and how obtained) and letter of support from host university or organization.
4. **Support Recommendations:** Comments from the school dean or department supervisor are required, except in cases where the dean/supervisor has already provided written support for the program elsewhere. In that case, OI needs **ONLY THIS** form. No proposal will be reviewed without the dean's or supervisor's written support. Schools or departments are expected to contribute financially towards the site visit and the proposed program.

OI welcomes proposals from all full-time GGC employees, but special consideration will be given to proposals with one or more of the following characteristics: novelty, intercultural component, interdisciplinarity, general education or core class offerings, first-time applicants, geographical distinctiveness, cost effectiveness, and viability.

NB: Support is contingent on availability of funds.

NAME OF PROPOSED PROGRAM: _____

LOCATION: _____ PROGRAM DATES: From _____ To: _____

PROPOSED **VISIT** DATES: From _____ To _____

APPLICANT INFORMATION

Name: _____ SCHOOL: _____

Employment Status: ☐ Full Time ☐ Part Time

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BUDGET SUMMARY. For each item below, provide documentation. Applicant should complete the **Total Needed** and **Faculty Provided** sections before submitting to the dean/supervisor. Please do NOT complete the OI columns.

	APPLICANT	DEAN/SUPERVISOR	To Be Completed by the OFFICE of INTERNATIONALIZATION	
	TOTAL Needed	Provided by School/ Dept.	Provided by OI	TOTAL FUNDING
Lodging	\$	\$	\$	\$
Air Travel	\$	\$	\$	\$
Ground Travel	\$	\$	\$	\$
Per Diem	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

COMMENTS BY DEAN OR SUPERVISOR ON VALUE OF THE PROGRAM

Please indicate your financial support in the Budget Summary above.

Program’s value or contribution to the school/department and GGC (**NB:** Not required if the dean/supervisor has already provided written support for the program elsewhere, e.g., through an approved proposal)

Name of Dean/Supervisor

Signature of Dean/Supervisor

Date