



Georgia Gwinnett
COLLEGE

EDUCATION ABROAD PROGRAM APPROVAL FORM: PRELIMINARY REQUEST

____ 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 existing programs.

Name of Program Director / Title / Telephone Number

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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