

Approval for HSU Faculty Led Study Abroad Program (FLSAP) (Routing Form)

Name of program _____ Semester/Year of departure _____

Faculty Director (proposer) signature _____ **Date** _____

The following are included in the proposal packet (attached):

- Proposal Form
- Preliminary budget
- Program description
- Itinerary
- Risk issues identified/addressed
- Syllabus

Comments:

Dept. Chair signature _____ **Date** _____

Comments:

College Dean signature _____ **Date** _____

Comments:

Academic Vice Provost signature _____ **Date** _____

Comments:

Once you have obtained the signatures of the department chair, college dean, and academic vice provost, please forward to the Study Abroad Coordinator in the College of Extended Education & Global Engagement (SBS 211).

The IPRC reviewed the health, safety and risk management implications of this program and has made the following determination:

Check one: **Recommended** for approval **Conditionally** recommended for approval **Not** recommended for approval

Date: _____

Comments:

CEEGE signature _____ **Date** _____

CEEGE has reviewed the program and determined that the contents of the preliminary budget are acceptable. CEEGE will work with the Faculty Director and any third-party service provider to develop a final budget which will be available for review.

Comments: