

Prairie View A&M University Request for Approval of a Faculty Led Program

*(Required each semester for **all** study abroad requests)*

Department:		Instructor(s):	
CRN:	Course:	Section:	Prerequisites:
Section Attribute: <input type="radio"/> Not all students registered are required to participate in trip <input type="radio"/> All students registered are required to participate in trip			
Term of Course: <input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Summer <input type="radio"/> Mini-Mester			
Trip Date(s):			
Location(s):		Travel Advisory Level (1-4):	Date Updated:
Trip Status: <input type="radio"/> New Trip <input type="radio"/> Previously Approved Trip <input type="radio"/> One-Time Trip			
Working with a 3rd party Vendor : YES <input type="radio"/> NO <input type="radio"/>			
IF ABOVE IS YES:			
Vendor Name :			
Contract Approval : Approved <input type="radio"/> Pending : <input type="radio"/>			
Summary of Trip's Purpose:			
Estimated # of Travelers:		Students:	Instructor(s)/TA(s)/Aide(s):
Required: Detailed itinerary attached <input type="radio"/> Detailed line item budget & payment schedule attached <input type="radio"/> Syllabus Attached <input type="radio"/>			
Account Information(Required)			
<input type="checkbox"/> Program FAMIS/Canopy account number (Required)			
Department Contact Name:		Phone:	Email:

APPROVAL	PRINT NAME		SIGNATURE	DATE
Instructor of Record:	_____	X	_____	_____
Study Abroad Rep:	_____	X	_____	_____
Department Head:	_____	X	_____	_____
Dean:	_____	X	_____	_____
Provost:	_____	X	_____	_____

Send signed form to Study Abroad Office email: international@pvamu.edu