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:

Section Attribute: ◯ Not all students registered are required to participate in trip ◯ All students registered are required to participate in trip

Term of Course: ◯ Spring ◯ Fall ◯ Summer I ◯ Summer II

Trip Date(s):

Location(s):

Trip Information: *(check all that apply)* ◯ New Trip ◯ Previously Approved Trip ◯ One-Time Trip ◯ Recurring Trip

Pre-requisites for Trip:

Summary of Trip's Purpose:

Estimated # of Travelers: _____ Students: _____ Instructor(s)/TA(s)/Aide(s): _____

Required: ☐ Detailed itinerary attached ☐ Detailed line item budget attached (flights, housing, transportation, food, excursions)

Account Information (*Check what applies)*

☐ Current FAMIS account number

Department Contact Name: Phone: Email:

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

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

Study Abroad Representative: _____ X _____ _____