

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: <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 I <input type="radio"/> Summer II			
Trip Date(s):			
Location(s):			
Trip Information: <i>(check all that apply)</i> <input type="radio"/> New Trip <input type="radio"/> Previously Approved Trip <input type="radio"/> One-Time Trip <input type="radio"/> Recurring 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	_____	X	_____	_____
Department Head:	X	_____	X	_____	_____
Dean:	X	_____	X	_____	_____
Provost:	X	_____	X	_____	_____

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

Study Abroad Representative: _____ X _____