

## **UGA Study Away Program** Faculty/Staff Roster Verification Form

The purpose of this form is to confirm the official list of all faculty/staff involved with the Study Away Program. Please include **ALL** program staff (including Faculty, Staff, TA's, GA's, etc. **DO NOT** include approved Accompanying Individuals). Upload the competed and signed form into the Program Planning Portal before the deadline:

June 20 for Fall, Nov. 20 for Spring, March 20 for Maymester, and April 20 for Summer programs.

| Program Name:                            |  | Term:  |                             |  |
|--|--|--|-----------------------------|--|
| Program College/Department:              |  |  |                             |  |
| Study Away Program<br>Faculty/Staff Name | Position on the<br>Study Away<br>Program | Affiliation with UGA outside of the Study Away Program (if not hired yet, attach and upload a proof of intent to hire to the Portal for each person) | Traveling with the Program? |  |
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|  |  |  |                             |  |
| Accompanying Individuals App             |  | Ils. Please complete those using one of the links  Accompanying Individuals (UNDER 18) Applicati   |                             |  |
| Program Director                         |  |  |                             |  |
| Program Director Signature               |  | <br>Date   |                             |  |
| Department Chair of the unit administeri | ng the program                           |  |                             |  |
| Department Chair Signature               |  | <br>Date   |                             |  |