

Study Away Programmatic and Financial Unit Approval Form

Program Name: _____ Term: _____
Program Director(s) Name(s): _____
Names of other faculty involved in the program, if any _____

Preliminary Budget Approval: (Duplicate this box if collaborating faculty are from different departments.):

My signature below indicates my approval of the preliminary program budget for this study away program and that you have ascertained the following:

1. The proposed compensation meets departmental standards.
2. The proposed instructional expenses are reasonable and in accordance with UGA and USG policies for use of state funds.
3. Appropriate account numbers are listed for the program.
4. Faculty and staff involved in the program are stated accurately.
5. If applicable, actual expenses for the past program are listed accurately.
6. The program Director, any other UGA faculty, any local (foreign) faculty scheduled to teach in the program, and all graduate teaching assistants are qualified in accordance with UGA Instructor of Record Policy. UGA teaching assistants must meet the required number of graduate hours and other Instructor of Record requirements and must be pursuing a degree at UGA at the time of the study away program.
7. Program planning documentation incorporates required EL student outcomes of engagement, mentorship, challenge, ownership and self and social awareness in course syllabi.

Unit Approval:

Unit Head/Director Name: _____

Department: _____

Date: _____ Signature: _____

College Approval:

My signature below indicates College authorization of the proposed program budget for the study away program listed above.

College Dean Name: _____

College: _____

Date: _____ Signature: _____

Upon completion, Program Director should upload the signed form into the Study Away Program Planning Application in the online Portal.