

Study Away Programmatic Unit Approval Form

Program Name: _____ Term: _____

Program Director(s) Name(s): _____

Names of other instructional and administrative staff involved in the program, if any

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

My signature below indicates my approval of the program plans (excluding the preliminary program budget, which will be routed electronically) for this study away program and that you have ascertained the following:

1. Faculty, staff, and any other involved personnel on the program are stated accurately.
2. 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 program.
3. 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/Dir. Name: _____

Department: _____

Signature: _____ Date: _____

College Approval:

My signature below indicates College authorization of the program plans (excluding the preliminary program budget, which will be routed electronically) program budget for the study away program listed above.

College Dean Name: _____

College: _____

Signature: _____ Date: _____

Upon completion, Program Director should upload the signed form into the StudyAway Portal.