NEW EMBEDDED STUDY AWAY PROGRAM PROPOSAL SUPPORTING SIGNATURES (Please do not delegate signatory authority for this document)

Program Name: ______________________________________________   Term: ____________________

Program Director(s) Name(s): ________________________________

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

New Embedded Study Away Program Proposal Approvals: (Duplicate this box if collaborating program directors are from different departments. Please attach the program proposal and supporting documents.):

ACADEMIC UNIT ADMINISTRATION APPROVAL

My signature below indicates my approval of the new study abroad program proposal and that I have ascertained the following:

ACADEMICS:
1. The proposed program will contribute to the academic mission of the unit and is eligible for academic credit.
2. The proposed program is in compliance with the UGA Credit Hour Policy.
3. The curriculum is appropriate and sufficiently rigorous, commensurate with other courses in the academic unit; content, pedagogical methods (lecture, seminar, field experience, research, lab research, internship, service-learning, etc.) and number and types of assignments are appropriate to the discipline.
4. All course prefixes and numbers listed have been approved by the faculty and are either existing UGA courses, or new courses pending official approval.

FACULTY PARTICIPATION:
1. The proposed program director(s) is/are an appropriate choice to lead this program, given the performance expectations for UGA program directors, faculty and staff.
2. The program director(s)’ absence from campus for the duration of the program has the approval of the academic unit head or director.
3. 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 Credentialing. 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 education abroad program.

FINANCES:
1. Proposed program expenses are reasonable and in accordance with UGA and USG policies for use of state funds.
2. Appropriate account numbers are listed for the program.
3. Names and titles of faculty and staff involved in the program are stated accurately.
CANCELLATION/MODIFICATION OF PROGRAM

The University reserves the right to modify or cancel this Program at any time before or after departure. Among the possible reasons for modification or cancelation of a program are:

**Financial insolvency:** if the Program does not reach minimum enrollment as defined by the spending plan, the program may be canceled due to financial insolvency. The decision to cancel or modify a program due to low enrollment will be made by the Office of International Education in consultation with the program director(s) and the sponsoring unit (college/department).

**Travel Warnings:** if the Program takes place in a country with travel warnings and advisories from the US Department of State, Center of Disease Control of situation in which the health, security or safety of the students might be at risk. The decision to cancel or modify a program due to travel warnings will be made by the Office of International Education in consultation with the program director(s) and the sponsoring unit (college/department).

**By signing this form I acknowledge that I have reviewed the attached New Study Abroad Program Proposal and approve of the Program Academics, Faculty Participation, Program Finances and terms of Cancelation/Modification of Program outlined above.**

**Academic Unit Approval:**

Unit Head/Director Name: __________________________________________________________

Department: _______________________________________________________________________

Date: __________________________   Signature:  _____________________________

**College Approval:**

College Dean Name: __________________________________________________________________

College: __________________________________________________________________________

Date: ________________   Signature: ________________________________
OFFICE OF INTERNATIONAL EDUCATION APPROVAL

My signature below indicates OIE’s authorization of the proposed study abroad program.

Director of Education Abroad: ____________________________________________

Date: _______________  Signature: ______________________________

Associate Provost for International Education: ____________________________

Date: _______________  Signature: ______________________________