## **SHORT-TERM TRAVEL PROPOSAL**

Go to "File" and "Make a Copy" to edit this document

## **Program/Activity Leader Information**

Name(s) of Faculty Leaders (Dept):

Name of Chaperone (if any):

Propose	d Program	Title:				
Program	Location(s	s) (all citie	es and countries):			
Program	Beginning	and End	ing Dates:			
Risk-Ma	nagement (	Concerns	in Destination(s), if any. (Please explain steps ta	ken to minimize	any risks):	
	Informatio		along with corresponding instructor. On far right,	indicate whethe	r the course fulfills	
General	Education	(GE) or M	Alajor (M) requirement. If it will be an Elective, indior just a regular Elective (E).			
Prefix	Course #	Credits	Title	Instructor	GE,M,I,E	
	ı	·				
Prefix	Course #	Credits	Title	Instructor	GE,M,I,E	
	1					
Prefix	Course #	Credits	Title	Instructor	GE,M,I,E	
•	Travel Itine (dormitory,	erary, inc hotel, etc oposal Fourse Bud		bus, etc), accor	nmodations	
	Department Chair(s)					
		<del> </del>	Dean o	of Academic Pro	grams	