

Purpose of this form

To notify the Office of International Studies & Programs (OISP) of modification(s) to a faculty-led study abroad program approved previously.

Information from the original proposal

Name of the program:		
Faculty-Leader's Name:	Department:	
Contact Phone:	Email Address:	
Course:	Semester:	Program Cost:

Change(s) requested

Please mark the area where you are proposing a change from the original proposal.

- Cancellation of Program. Please provide a brief explanation. _____

- Change of faculty leader. _____
Name of new faculty leader (if apply). _____
- Change location(s) to. _____
- Change Session/semester to. _____

Approvals

Faculty Leader Name _____; Signature _____; Date _____

Department Chair Name _____; Signature _____; Date _____

College Dean Name _____; Signature _____; Date _____