

EDUCATION ABROAD

Departmental Guest Information Form

Program: _____ Term: _____

Resident Director: _____ Email: _____

Departmental Guest

Name: _____

Department: _____

Departmental Guest Rationale

Please include the rationale for this guest's participation and how this person's expenses will be covered (self-paid or paid for by the department). Departmental guests cannot customize the program itinerary, are required to participate in all program activities and enroll in the university's international supplemental insurance. Please note whether approval has been secured from department chair, college study abroad liaison and college senior fiscal officer.

Notes

Please submit this form to the education abroad coordinator for this program.

