

FACULTY STUDY/TRAVEL ABROAD PROGRAM REGISTRATION INSTRUCTIONS

Dear Study Abroad Faculty:

Please fill out the following forms for Faculty Study/Travel Abroad Program Registration and obtain the relevant signatures. Turn in the completed registration form by the 1st scheduled IEEC committee meeting to International Education and Exchange Office (IEE) in Reynolds Hall room 3. International Education and Exchange meetings occur at the end of each month during the academic year. Once the registration form is reviewed and signed by the International Education and Exchange Committee and the International Education and Exchange Office, you will be asked to attend the Study Abroad Director's Orientation for a review of faculty duties and responsibilities. In the spring semester you will receive a packet of forms which are to be completed by students participating in the study or travel abroad program.

Please note that you must use the forms provided by IEE and all forms must be completed by students in order for them to participate in the program. Students will be required to turn in their forms before or during the required Study/Travel Abroad Orientation Meeting which will be held in April.

**MIDDLE TENNESSEE STATE UNIVERSITY
INTERNATIONAL EDUCATION AND EXCHANGE
STUDY ABROAD APPROVAL FORM**

This program/course/workshop is proposed by:

Name (please print) _____

School, Department _____

This program/course/workshop is approved by:

Departmental Chair

Date

Academic Dean

Date

International Education and Exchange Committee

Date

Director of International Education and Exchange

Date

**MIDDLE TENNESSEE STATE UNIVERSITY
INTERNATIONAL EDUCATION AND EXCHANGE**

Program Registration for Study Abroad

Please Type or Print

Lead Department Information (Department proposing and leading the program)

Sponsoring Department: _____

Name of faculty member(s) teaching and/or directing the overseas study program:

Campus telephone: _____ Home telephone: _____

E-mail: _____

Collaborative Department Information (Department collaborating with lead department)

Faculty Contact: _____

Campus telephone: _____

E-mail: _____

Program Description

Program Name: _____

Program Site(s): _____

Term to be offered: _____

Approximate duration (in weeks): _____

Course/Workshop Title and Description: _____

**If this course is a Topics Course or a Workshop, please obtain the approvals listed below.
If this course is a new course (not listed in the MTSU Catalog), please include
documentation that the course has been approved by the appropriate curriculum
committees.**

SPECIAL COURSE/WORKSHOP APPROVAL FOR STUDY ABROAD

This Course/Workshop is approved by:

Departmental Chair

Date

Academic Dean

Date

Graduate Dean (required only for courses 5000 and above)

Date

Program Itinerary and Activities: List travel itinerary, events, and activities on a day by day basis to the best of your knowledge and where practical. Attach additional pages if needed.

Faculty members' familiarity with country(ies) and total time spent in country on previous trips:

Faculty member's knowledge of local languages (if not English):

Provide as much information as possible for the following:

Address and telephone number for the nearest American Embassy or Consulate (see the U.S. Department of State's Bureau of Consular Affairs home page at <http://travel.state.gov> for detailed information):

Do you plan to register your group at the Embassy or Consulate once you arrive?
