

INTERNATIONAL PROGRAMS INTEREST AND FUNDING REQUEST FORM

(Continuing and Global Education Use Only)

Winter Summer Year _____

Total Amount Approved _____

Amount per Student _____

Number of Students _____

Submitted with course proposal

Travel Warning? Yes No

Program Name: _____ Program Fee (approx.): _____

Comprehensive Program Dates: _____ to _____

Host Country and City Location(s): _____

Is Academic credit to be provided? Yes _____ units No Vendor/Provider Name (if known): _____

Has this program received funding from IRA or Travel Grant programs in prior years? No Yes If yes, please list year and amount received:

How many Fresno State students are expected to participate in this international program? _____

Please describe the program and activities the students will undertake:

Faculty Leader Information

Faculty Name: _____
Last First Middle Initial

Fresno State ID: _____ Campus Department: _____ Mail Stop _____

Telephone: _____ Email: _____
(Office) (Personal) *Required* (Office) (Personal) *Required*

Instructor #2 Information

Faculty Name: _____
Last First Middle Initial

Fresno State ID: _____ Campus Department: _____ Mail Stop _____

Telephone: _____ Email: _____
(Office) (Personal) *Required* (Office) (Personal) *Required*

APPROVAL SIGNATURES

Faculty Leader: _____ Date: _____

Approved by Department Chair: _____ Date: _____

Approved by Dean of School/College: _____ Date: _____

CGE Office Use Only

Date Received: _____ Travel Grant Coordinator: _____ Date: _____

Manager of Finance & Administration: _____ Date: _____