

**Sponsoring College/ Department:** \_\_\_\_\_

**Lead SIUE Faculty Member(s)**

Name	Campus Tel.	E-mail

Program Location: \_\_\_\_\_

Cooperating Foreign University (if any): \_\_\_\_\_

Program Term: \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring Year: \_\_\_\_\_

Program Dates: \_\_\_\_\_  
 From: mm/dd/yyyy To: mm/dd/yyyy

**SIUE Courses Requested:**

Subject	Course Number	Section	Course Title	Instructor	Credit Hours	Max Enroll	Charge Existing Course Related Fees*
		TS1		Name:			Y N
				Banner ID:			
		TS1		Name:			Y N
				Banner ID:			
		TS1		Name:			Y N
				Banner ID:			

\* By indicating 'N' (for course related fees), the course either normally bears no course-specific fee, or this particular travel study section will not utilize the material, equipment, etc. normally associated with the course specific fee.

**This program and courses are approved by:**

Department Chair: \_\_\_\_\_ (Typed/Printed Name)

Dept Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean: \_\_\_\_\_ (Typed/Printed Name)

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

International Programs Director: \_\_\_\_\_ (Typed/Printed Name)

International Programs Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_