SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

FORM: I
International Travel Study Course Request

Date: _____

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
		TS1			
		TS1			
		TS1			

This program and courses are approved by:

Department Chair Date

Academic Dean Date

International Programs Director Date

Send to: Office of Study Abroad, SIUE Campus Box 1159 or by Fax to 650-5099.