

Sponsoring College/ Department: _____

Lead SIUE Faculty Member(s)

Name	Campus Tel.	E-mail

Program Location: _____

Cooperating 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: _____

Educational Outreach Director: _____ (Typed/Printed Name)

Educational Outreach Director Signature: _____ Date: _____