

**Dalton State College Study Abroad Programs**  
**Approval Form: Existing Program**  
*(Please Type)*

**Program Title:** \_\_\_\_\_

**Countries Included in Program:** \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Dates of Program:** \_\_\_\_\_

**Sponsoring College and Department:** \_\_\_\_\_

**Office Responsible for Budget:** \_\_\_\_\_

**Check One: Credit** \_\_\_\_\_ **Non-Credit** \_\_\_\_\_ **Both** \_\_\_\_\_

**Number of Credits** \_\_\_\_\_ **CEU's** \_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
**Date**      **Program Director**

\_\_\_\_\_  
**Date**      **Department Chair**

\_\_\_\_\_  
**Date**      **Study Abroad Programs Coordinator**

\_\_\_\_\_  
**Date**      **Vice President for Academic Affairs**

\_\_\_\_\_  
**Date**      **President**

*Please submit this form annually to the Study Abroad Programs Coordinator*