

## 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: \_\_\_\_\_ (Office) (Personal) *Required* Email: \_\_\_\_\_ (Office) (Personal) *Required*

### Instructor #2 Information

Faculty Name: \_\_\_\_\_  
Last First Middle Initial

Fresno State ID: \_\_\_\_\_ Campus Department: \_\_\_\_\_ Mail Stop \_\_\_\_\_

Telephone: \_\_\_\_\_ (Office) (Personal) *Required* Email: \_\_\_\_\_ (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: \_\_\_\_\_

Director of Finance Administration and Global Operations: \_\_\_\_\_ Date: \_\_\_\_\_