



GEO Customized and Faculty-led Programs Campus Approval Form

Faculty member name: _____

University: _____

Site: _____

Program Arrival Date: _____ Program Departure Date: _____

I support and approve this customized/faculty-led program.

STUDY ABROAD OFFICE Printed Name

STUDY ABROAD OFFICE Signature

Date

DEPARTMENT CHAIR Printed Name

DEPARTMENT CHAIR Signature

Date

DEAN Printed Name

DEAN Signature

Date