

## Foreign Travel/Study Course Request Form

1. Instructor's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Course(s) for which credit is to be awarded:

Course #	Title	Credits	Resident	Extension
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Proposed itinerary: (attach information if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

6. Specific objective(s) of the course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Attach a statement describing in detail how course(s) will utilize academic, cultural, or physical resources not reasonably available in Texas.

8. Projected cost per student: \_\_\_\_\_

9. Instructor's salary (paid by department): \_\_\_\_\_

10. Travel Agency or Carrier to be used: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Approved: \_\_\_\_\_ Department Chair

\_\_\_\_\_ School Dean

\_\_\_\_\_ OIP Director

\_\_\_\_\_ Provost