

APPENDIX A

PRELIMINARY REQUEST FOR APPROVAL

GEORGIA GWINNETT COLLEGE STUDY ABROAD OR SERVICE-LEARNING PROGRAM

_____ Credit-Bearing Program

_____ Non-Credit Program

_____/_____/_____
Discipline(s) Program Title Program Dates

Please confirm the following:

- ☐ No other program at GGC or in the University System of Georgia would make the program redundant.
- ☐ There is sufficient student interest to generate minimum program enrollment.

Note to the Proposer:

If the study abroad program involves the establishment of a new course, then the policies and procedures of the specific school and College-wide Curriculum Committee for the creation of a new course also apply.

_____/_____/_____
Program Director Title Telephone Number

_____/_____
School Dean/Supervisor Date

_____/_____
Director, Internationalization Date