## Faculty-Led Program Cover Sheet

<u>Deadlines</u>	
Summer/Fall	1-Oct
Win-Term/Spring	1-Aug

Please return the completed form to the Office of International Education (200 Main Street). Any questions can be directed to Maria Wentworth or Samantha Sorensen, the Study Abroad Coordinators.

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Fitle of Program:				
aculty Leader(s):				
Program Location(s)	:			
Program Dates:				
Course(s) Offered o	n the program:			
Course Number	Course Title		# of Credits	Pre-req. (If Any)
ndicate the general	education requirements able	to be accomplished through	h this program:	
ndicate what UW-S	tout majors are able to earn n	najor specific credit for this	program:	
_	lude a brief/attractive program	·		or flyers.
T Ongoing Program:	: Indicate any major changes th	iat you see nt from the previ	ous year.	
erification of Supp	ort			
	indicates that I attest to the ac	- , , ,	•	program specified above
and recommend this	s person to lead a University of	Wisconsin-Stout study away	program.	
Department Chair				
Printed Name:		Signature:		
Department:		Date:		
College Dean				
Printed Name:		Signature:		
Janartmant.		Data		