



STUDY ABROAD PROGRAM PROPOSAL

Proposal Deadline for the 2019-2020 academic calendar year: April 1, 2019 (Send to Kim at Station #61)

The Study Abroad office is available to assist at any stage of the planning process. Please contact Kim Simpson at ksimpson@polk.edu or 863.669.4917 for assistance.

Program Leader Name: _____

Department: _____ Telephone Number: _____

International Experience: _____

Co-Program Leader Name: _____

Department: _____ Telephone Number: _____

International Experience: _____

Program Dates: _____

Program Location (Attach Itinerary) _____

Program Description

Things to Consider (Walk 3-5 miles per day, snorkeling required, sharing a room w/ 2-3 students, etc.)

Program Term: _____ Program Type: ___ Customized Polk Program* ___ 3rd Party Provider*

Course Name (Topic if 2930): _____ Course Number: _____

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Who can participate? ___ Associates ___ Bachelor's ___ Non-Credit ___ Dual Enrollment ___ Transient

*Notes:

- Customized Polk Program – Attach estimated budget form(see website for forms)
- 3rd Party Provider – Attach provider budget estimate