

University Activity Abroad
Approval Request Form (v.0905)
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Faculty/Staff Name _____ Ext _____
Department _____ E-mail _____
Course No./Title _____ Term _____
Destinations(s) _____ Travel dates _____

To verify that the Leader of this proposed activity is familiar with the destination and/or institutions to be visited in this activity, please describe the experience of the activity leader(s) in regards to the specific location(s) to be visited. For example, has the Faculty Leader lived, worked, or traveled in this location in the past (and if so, please describe)? Does the Faculty Leader speak the language of the location? Has the Faculty Leader arranged for the services of a local academic or professional organization during the activity? Please use an additional sheet of paper if necessary.

Faculty Signature

Date

Reviewed by:

Department Chair

Date

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Attachment for:

Faculty/Staff Name _____ Ext _____

Department _____ E-mail _____

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Please check the box next to the applicable situation.

- Any non-UNF personnel acting in an official, co-leader capacity must be justified by the Faculty Leader and approved by the Department Chair.
 - Participation by immediate family members of the Faculty Leader must be justified by the Faculty Leader and approved by the Department Chair. NB: Minor children of the Faculty Leader must have an adult caretaker other than the Faculty Leader, the co-leader(s), or students.
 - Participation by Special Guests (i.e., anyone who is not a registered student, an official co-leader, or an immediate family member of the Faculty Leader) must be justified by the Faculty Leader and approved by the Department Chair.
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Justification (attach additional pages if necessary):

Faculty Signature

Date

By my signature, I approve the participation of the person(s) identified above for this UNF Activity Abroad.

Department Chair

Date