

NONAFFILIATED PROGRAM APPROVAL FORM

Student Information:

Student Name: _____ WSU ID#: _____
 Student Email: _____ Academic Advisor's Name: _____
 Major(s): _____ Minor(s): _____
 Have you studied abroad as a WSU student? Yes No Proposed Program Dates: _____
 Global Learning Advisor's Name: _____

Host Institution Information:

1. Country: _____ City: _____
2. Host Institution: _____
3. Program Name: _____ Language of Instruction: _____
4. Website: _____
5. Accreditation Information: _____
6. I will be receiving a transcript from my host institution/program: I Yes No
 Found information verifying that I will receive a transcript here: _____
7. Nonaffiliated Program Contact Information: _____

Program Budget

Program Expenses	Costs
Tuition:	
Housing and Meals:	
Insurance:	
Transportation (not including airfare):	
Official Transcript:	
Visa:	

_____ I am aware that the WSU IP-Global Learning will NOT pay my program fees and will NOT be responsible for any fees I incur during my time abroad.

_____ I have visited the U.S. Department of State website, and if there is a travel warning for my chosen destination, I have alerted IP-Global Learning and will completed all necessary forms (<http://travel.state.gov/>)

PLEASE RETURN COMPLETED FORM TO IP-GLOBAL LEARNING, Bryan Hall 105.

Revised August 18, 2016

Continued.

Program Proposal:

Why do you want to enroll in this host institution/program? (i.e., How do you think it will benefit you personally, professionally, and academically?):