

Authorized Signatures Form

We certify that the information we have submitted is accurate to the best of our knowledge. We also agree this program aligns with the international goals of the strategic plan of our college and the faculty member has our consent to move forward in developing the education abroad program explained herein.

Primary Sponsoring College (Dean or Associate Dean)	
Signature	
Printed Name and Title	_
Date	
Primary Sponsoring Department or Unit (Department Chair)	
Signature	
Printed Name and Title	
Date	
Initiating Faculty Leader	
Signature	
Printed Name and Title	
 Date	