



College of ARTS,  
SCIENCES, *and* ENGINEERING

**EDUCATION ABROAD/AWAY TRAVEL AUTHORIZATION FORM**

Faculty Leader Name: \_\_\_\_\_ Department: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Faculty Leader Name: \_\_\_\_\_ Department: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

**Proposal Form must be on file with the chair of the appropriate department and Dean's office in compliance with the UNA Travel Policy.**

**Proposal Procedures:**

1. Complete the application packet by submitting the following: this form, program proposal, and itemized budget.
2. Have Department Chair approve and sign. If the Department Chair is the individual proposing the program, please send to the respective Associate Dean for approval. Chair/Associate Dean will then send the packet to Associate Dean Cheryl Price at [cprice7@una.edu](mailto:cprice7@una.edu). Packets will be reviewed and approved on a rolling basis.
3. Deadline: August 31st of the previous year for all summer term trips (including May Intersession). For all other abroad trips, the deadline for submission is one calendar year before the anticipated departure date. For all other away trips, the deadline is 6 months prior to departure.

Upon approval from the Dean to offer this proposed program, I agree to the following terms (if applicable):

1. I will actively promote and recruit for the approved program and will conduct the program according to all UNA Student and Faculty Travel Policies.
2. I agree to consult with the Chair and Dean's Office in developing and managing the program budget.
3. I agree to consult with the Dean's Office in advance before canceling the program once approved.
4. I will ensure all trip leaders attend workshops or orientations organized by the Office of International Affairs (OIA).
5. I will ensure all program participants attend OIA-sponsored pre-departure orientation. I will organize and conduct program-specific orientations for the program participants.

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair's Recommendation: Yes\_\_\_ No\_\_\_ Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature acknowledges the department will support the program and is responsible for any financial liability incurred by the program.

Chair's Recommendation: Yes\_\_\_ No\_\_\_ Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature acknowledges the department will support the program and is responsible for any financial liability incurred by the program.

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_