

**HOFSTRA UNIVERSITY
NEW STUDY ABROAD PROPOSAL FORM**

Program Sponsor's Name: _____

Program Title: _____

Department: _____

Program Period: _____

Chair's Signature: _____ Date: _____

Dean's Comments: _____

Dean's Signature: _____ Date: _____

Provost Office Budget Comments: _____

Provost Office Budget Review: _____ Date: _____

Finance Office Budget Comments: _____

Finance Office Budget Review: _____ Date: _____

Provost's Comments: _____

Provost's Signature: _____ Date: _____

This approval is subject to the satisfactory completion of all documentation and verification and the issuance of a formal confirmation letter.

Required Attachments:

Proposal including:

Academic Merits of the Program, Student Accommodation Plan, and Budget