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