

# Study Away Programmatic and Financial Unit Approval Form

Program Name: \_\_\_\_\_ Term: \_\_\_\_\_

Program Director(s) Name(s): \_\_\_\_\_

Names of other instructional and administrative staff involved in the program, if any

\_\_\_\_\_  
\_\_\_\_\_

**Preliminary Budget Approvals:** (Duplicate this box if collaborating faculty are from different departments.):

***My signature below indicates my review and approval of the preliminary program budget for this study away program and that I have ascertained the following:***

1. The proposed compensation meets departmental and UGA standards, policies, and best practices.
2. The proposed program expenses are necessary, reasonable, and in conformance with UGA and USG policies, limitations on exclusions, consistent with and follow UGA best practices for Study Away Budgeting.
3. Appropriate Financial Department ID is listed for the program.
4. Faculty, staff, and any other involved personnel on the program are stated accurately.
5. If applicable, actual expenses, including prepaid expense, for the past program are listed accurately.
6. The program Director, any other UGA faculty, any local (foreign) faculty scheduled to teach in the program, and all graduate teaching assistants are qualified in accordance with UGA Instructor of Record Policy. UGA teaching assistants must meet the required number of graduate hours and other Instructor of Record requirements and must be pursuing a degree at UGA at the time of the program.
7. Program planning documentation incorporates required EL student outcomes of engagement, mentorship, challenge, ownership and self and social awareness in course syllabi

**Unit Approval:**

Unit Head/Dir. Name: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chief Business Officer:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**College Approval:**

*My signature below indicates College authorization of the proposed program budget for the study away program listed above.*

College Dean Name: \_\_\_\_\_ College: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Upon completion, Program Director should upload the signed form into the StudyAway Portal.*