



STUDY ABROAD PROGRAM PROPOSAL

Send program proposal to Kim Simpson at ksimpson@polk.edu or mail to station #61

The Study Abroad office is available to assist at any stage of the planning process. Please contact Kim Simpson at ksimpson@polk.edu or 863-669-4917 for assistance.

Program Leader Name: _____

Department: _____ Telephone Number: _____

International Experience: _____

Co-Program Leader Name: _____

Department: _____ Telephone Number: _____

International Experience: _____

Program Dates: _____

Program Location (Attach Itinerary) _____

Program Description

Things to Consider (Walk 3-5 miles per day, snorkeling required, sharing a room w/ 2-3 students, etc.)

Program Term: _____ Program Type: _____ Customized Polk Program* _____ 3rd Party Provider*

Course Name (Topic if 2930): _____ Course Number: _____

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Who can participate? _____ Associates _____ Bachelor's _____ Non-Credit _____ Dual Enrollment _____ Transient

*Notes:

- Customized Polk Program – Attach estimated budget form(see website for forms)
- 3rd Party Provider – Attach provider budget estimate