



State University of New York  
College of Environmental Science and Forestry

### Short-Term International Academic Program Proposal Cover Page

Please submit completed proposal to the Office of International Education. After initial review, the Coordinator of International Education will submit proposal materials to the Provost & Vice President of Academic Affairs for SUNY ESF approval. Please return all forms to Office of International Education, 227 Bray Hall.

**Program:** \_\_\_\_\_  
Course Number and Title

**Program Leader(s):** \_\_\_\_\_

**Program Type:**  Summer  Winterim  Semester Component  
 Other: \_\_\_\_\_  
Please describe.

**Travel Dates:** \_\_\_\_\_ to \_\_\_\_\_  
Depart the U.S. Re-Enter the U.S.

**Program Location(s):** \_\_\_\_\_  
City, Country City, Country City, Country  
\_\_\_\_\_  
City, Country City, Country City, Country

**Does Travel Require a Visa?**  No  Yes  
Please access <https://travel.state.gov/content/passports/en/country.html> to determine if an entry visa is required.

**Has the Department of State issued any Travel Alerts or Warnings for your program location(s)?**  
Please review the travel alerts and warnings on the U.S. Department of State website to determine if there are conditions that pose imminent risks to the security of travelers traveling to your program location(s).

Travel Alerts: <https://travel.state.gov/content/passports/en/alertswarnings.html>  
Travel Warnings: <https://travel.state.gov/content/passports/en/alertswarnings.html>

- There are no travel alerts or warnings for my program location(s).
- There is a travel alert for the program location(s) of \_\_\_\_\_ .  
It indicates:
- There is a travel warning for the program location(s) of \_\_\_\_\_ .  
It indicates:

**Has the Center for Disease Control issued any immunization recommendations, requirements, or alerts for your program location(s)?**

Please access the Center for Disease Control's website <http://wwwn.cdc.gov/travel/destinationList.aspx> to obtain health and immunization information for your program location(s).

- No
- Yes—Required:  
Recommended:  
Alerts:

**Educational Objectives and Outcomes of the International Program:**

**Relation of the Program/Objectives to Location Abroad:**

Please leave this bottom section blank pending approval:

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**The above noted proposed international course has been approved for** \_\_\_\_\_

Travel Semester & Year

ESF Coordinator of International Education:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ESF Provost & Vice President of Academic Affairs:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date