



Course Proposal Form

To propose a Study USA Faculty-led Program, please provide the following:

- Study USA Course Proposal Form with all approved signatures
- Course Syllabus

Return all documentation to the Study USA Office, 1111 Jackson Avenue, Suite H or via fax at 915-5138. For **proposal deadlines**, visit the Study USA website at www.olemiss.edu/study_usa.

Faculty Name

Title

E-mail

(_____) _____
Phone

UM Employee ID#

Program Title

Term

Year

Course Number(s)

Credit Hours

New Course Repeat

Prerequisites

Location (city and state)

Program Dates: On-campus

At location

Departure Date and Time

Return Date and Time

continue on back



THE UNIVERSITY of
MISSISSIPPI

The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.



Course Proposal Form *(continued)*

Please use the following space to provide a short, one-paragraph description of your course and what you hope your students learn while participating.

Faculty Signature

Printed Name

____/____/____
Date

Chair Signature

Printed Name

____/____/____
Date

Dean Signature *(new courses only)*

Printed Name

____/____/____
Date