



FORM 14
Florida International University
OFFICE OF
STUDY ABROAD

INSTRUCTIONS

ACADEMIC UNIT:

1. Complete course information in center and right side of form.
2. Complete employee information. Have Dept. Chairperson and Dean sign form. Forward signed original form to the following address:

Office of Study Abroad
Florida International University
Modesto Maidique Campus ,
SASC 230 11200 SW 8th Street
Miami, FL 33199
Phone: 305-348-1913
Fax: 305-348-1941

Dept. Contact Person

Department Name

Phone Number

Study Travel

Budget Submitted: Yes No

Budget Approved: Yes No

ACADEMIC UNIT COMPLETE

Course Prefix / Catalog Number Credits

Course Title:

Semester 20
 (If Summer, indicate A, B, or C term)

General Course	Fully Online
Dual Enrollment	Mini-Term
Study Travel	Web Assisted
Self-Supporting	Sponsored Credit
Tuition Plus Fees	Grant

Enrollment Capacity

Department Consent:	Yes	No
Student Specific Permit:	Yes	No

Program Start Date:

Program End Date:

Day(s) of Week:

Time(s):

Location: UP BBC Pine s Off

Off-campus, Location name/address

Comments

ACADEMIC UNIT COMPLETE

INSTRUCTOR'S NAME

Instructor's Panther ID#

Extra State	In-Load
Adjunct	Graduate Assistant
Other	

Grade Submit

Salary Amount \$

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DEPT. CHAIRPERSON DATE

DEAN DATE

STUDY ABROAD DIRECTOR DATE