

Proposal  
Intercultural Immersion Program

**Title of Project:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Short 100 word summary of Intercultural Immersion Program:

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**Approvals:**

Department Chair/Supervisor:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Dean/Vice President:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date