

**SAPD 2 - DEPARTMENT CHAIR OR MULTIDISCIPLINARY CENTER
DIRECTOR (IF APPLICABLE) AND DEAN ENDORSEMENT**

Department Chair/Multidisciplinary Center Director: _____
(*print name*)

Signature: _____ Date: _____

Amount the department/center is willing to cost share (if any): _____

Comment on the importance and centrality of the proposed Study Abroad course to the mission and goals of your department/center:

College Dean: _____

(*print name*)

Signature: _____ Date: _____

Please enter the amount the College is willing to cost share (if any): _____

