

GCP Travel Equivalent Approval Form

Student name _____

Year of Graduation: _____

Student signature _____

Date _____

Email _____

Parent/guardian name _____

Parent/guardian signature _____

Date _____

(You may type your responses or **attach additional pages if necessary.**)

Which of the travel equivalent options are you choosing?

Service Option Host Exchange Student Educational Program

Other

1. Describe your plan to fulfill travel equivalent option. Include names of organizations, contact people, dates, etc. Include the number of days/hours you will commit to with this plan. If there is a website or relevant informational materials, please attach. Please remember that the Travel Equivalent Experience should require a commitment of approximately 30+ hours total; these hours maybe be fulfilled over a long period of time, but the commitment should be significant.

2. How will you be challenging yourself to connect and interact directly with a culture different from your own? Be SPECIFIC.

3. What is your anticipated time frame for fulfilling the travel equivalent requirements?

Approved for GCP: Yes No Date reviewed _____

GCP Advisor signature _____