## Approved Program of Study for Undergraduate International Plan Students Georgia Institute of Technology | Office of the Registrar

Degree Designation in International Plan

SECTION I. PERSONAL INFORMATION									
Name (First Last)		G	GT Student Number M			Major(s)			
GT E-Mail Address	il Address		Phone Number		Anticipated Graduation			Semester	
Designation Applying For: ☐ International Plan ☐ International Plan, Language Proficiency (must pass ACTFL)									
SECTION II. LANGUAGE REQUIREMENT									
Complete the following to demonstrate proficiency in a second language. Proficiency to at least the 2002 level or equivalent must be shown.									
Language Used for IP Method of Proficiency Demonstration									
	☐ Language Courses ☐ ACTFL/OPI ☐ AP Credit ☐ Or					line Placement Test			
Highest Language Course Taken									
Course Number/Section	e Title	itle			Grade	Semeste	r Taken		
Other Method of Proficiency (skip if solely using coursework)  Date of Examination Score (if Online Placement Test or Other, please attach results)									
SECTION III. INTERNATIONAL EXPERIENCE									
List the program(s) completed for the requested degree designation in fulfillment of the minimum 26 weeks of international experience.									
International Experience (Program Name or Internship)  Number of Weeks  Semester Completed									
SECTION IV. GLOBALLY-FOCUSED COURSEWORK									
List the courses completed for the requested degree designation.									
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International Relations									
Global Economics									
Country/Region									
Capstone									
SECTION V. SIGNATURES Please obtain signatures in this order.									
Student Signature:						Date:			
Major School Signature:						Date:			
IP Office Signature:						Date:			