International Plan
International Experience Approval Form

This form is for IP students who would like to propose a set of international experiences that are not on the IP Recommended International Experiences list for their major. To seek approval, complete this form, including a Program Coherence statement, and meet with the necessary faculty/staff as indicated below. Signatures are best collected via DocuSign. Students should seek approval before applying for the first intended IP international experience to ensure that the proposed experiences will count toward IP requirements.

Name ______________________________________ Major__________________________

GT ID _______________________________ Current Cumulative GPA__________

*Language to be used for IP ________________ **Pursuing “Language Proficiency” designation? ___ Yes ___ No

*Language other than English & should be consistent with at least one of the locations of international experience.

**Students wishing to develop proficiency beyond the 2002-level or equivalent may pursue the International Plan with Language Proficiency. Please visit this page for more information: https://ip.oie.gatech.edu/Language

Proposed 1st IP international experience:_____________________________________________________

Country____________________ Anticipated term to be completed________________________ # of Weeks_____

To apply for a Study Abroad program or register an International Internship, see https://atlas.gatech.edu/.

Proposed 2nd IP international experience:_____________________________________________________

Country____________________ Anticipated term to be completed________________________ # of Weeks_____

Please attach a 1-2 page rationale for your choice of programs based on the questions below. The IP Manager and your IP Faculty Representative can help you work through your ideas. For more information on coherence, see: https://ip.oie.gatech.edu/Coherence.

International Experiences Coherence Statement:

❖ What is the common thread uniting these specific programs?
   a. How do these programs complement your overall academic and career goals?
   b. How is your chosen IP language incorporated into this combination of programs?
      If you will be in English-speaking countries instead of countries that speak your IP language, please discuss why.
   c. How will you engage with your host culture, and how will that engagement support the common thread that unites your selected programs?
   d. (Optional): What relevance do these programs have to your field of study or proposed career path?

Student Signature________________________________________ Date________________

***Allow yourself plenty of time to complete this form. You will have to write multiple drafts of the coherence statement and obtain signatures from multiple staff members.***

See Back for Signature Page
Approvals must be obtained in the order they appear on this form.

1) All students must first meet with the IP Manager in OIE to discuss their plans. To make an appointment, schedule via the IP homepage or email internationalplan@oie.gatech.edu

Signature_________________________________ Date______________

IP Manager Comments

2) All students need to meet with their IP Faculty Representative(s) to present their coherence rationale for consideration. Find your major’s IP Rep: https://ip.oie.gatech.edu/ParticipatingMajors

Signature_________________________________ Date______________ Approved  /  Not Approved

Signature #2_________________________________ Date______________ Approved  /  Not Approved
(for double and dual majors only)

IP Faculty Rep Comments

3) All students need to meet with the advisor(s) in OIE for the programs they are planning to pursue (i.e. Exchange Advisor, Global Internship Program Advisor, etc.) in order to receive advising on eligibility and application requirements. Schedule a meeting via the Education Abroad or GRIP homepage.

OIE Rep #1________________________ Signature 1 ____________________________ Date______________

OIE Rep #2________________________ Signature 2 ____________________________ Date______________

OIE Advisor(s) Comments

4) When all above signatures are obtained, send the form to the Associate Director of On-Campus Internationalization for a final review and signature.

Signature_________________________________ Date______________ Approved  /  Not Approved

Associate Director, On-Campus Internationalization Comments

Updated 12/6/21