

# COURSE SCHEDULE

**Program Main Location(s):** \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Program Pre-Travel Dates:** \_\_\_\_\_ **On-Site Dates:** \_\_\_\_\_ **Post-Travel Dates:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Submitted On:** \_\_\_\_\_  
*mm/dd/yyyy*

The Study Abroad Office strongly discourages incorporating the following high-risk activities in your study abroad program: off-road motorcycling; scuba diving; jet, snow or water skiing; bungee jumping; spelunking; white water rafting; surfing; or parasailing. Injury resulting from these activities is **not** covered by the University's existing insurance policy. Coverage of these activities require an additional premium, the cost of which would be borne by the student and faculty participants directly.

- I affirm that none of the proposed activities for my program/course are of high-risk.
- I am requesting approval for the following high-risk activity.

Please describe of high-risk activity and academic relevance:

Some high-risk activities may be allowed but the APD must demonstrate the strong academic relevance of the activity, and demonstrate that the activity can be carefully managed. Any program that does include high-risk activities must utilize a full-service provider.

Day	Date	Topic	# of Contact Hours
1			
Brief Description of Program Activities		Specific Location(s)	Learning Outcomes/ Global Competency Outcomes

Day	Date	Topic	# of Contact Hours
2			
Brief Description of Program Activities		Specific Location(s)	Learning Outcomes/ Global Competency Outcomes

Day	Date	Topic	# of Contact Hours
3			
Brief Description of Program Activities		Specific Location(s)	Learning Outcomes/ Global Competency Outcomes

Day	Date	Topic	# of Contact Hours
4			
Brief Description of Program Activities		Specific Location(s)	Learning Outcomes/ Global Competency Outcomes

Day	Date	Topic	# of Contact Hours
5			
Brief Description of Program Activities		Specific Location(s)	Learning Outcomes/ Global Competency Outcomes

Day	Date	Topic	# of Contact Hours
6			
Brief Description of Program Activities		Specific Location(s)	Learning Outcomes/ Global Competency Outcomes

Day	Date	Topic	# of Contact Hours
7			
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Day	Date	Topic	# of Contact Hours
8			
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9			
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10			
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11			
Brief Description of Program Activities		Specific Location(s)	Learning Outcomes/ Global Competency Outcomes

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12			
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13			
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14			
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15			
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16			
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17			
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18			
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19			
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23			
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20			
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24			
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21			
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25			
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22			
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26			
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27			
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31			
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33			
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30			
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34			
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39			
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36			
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40			
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37			
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