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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | | | | | |
| Garrett.edu e-mail address: | |  | | | | | | | |  | |
| Degree Program (mark one):  MDiv or  MA | | | | | | |  | | | | |
| Proposed place for cross-cultural experience: | | | | |  | | | | | | |
| Starting and ending dates for proposed cross-cultural experience: | | | | | | | |  | | | |
| Name of cultural interpreter: | | |  | | | | | | | |  |
| Bibliography: (attach listing of at least 1 book and 5 articles) | | | | | | | | | | | |
| Deadline for reflection paper: | | | |  | | | | |  | | |
|  | | | |  | | | | |  | | |

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| --- |
| Brief summary of proposed cross-cultural experience: |

SIGNATURES:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student: |  | |  | Date: |  |
| Advisor: |  | |  | Date: |  |
| Supervising Faculty Member: | |  |  | Date: |  |
| CITE Approval | |  |  | Date: |  |

**Typing name in signature line and sending from .edu e-mail address constitutes official signature.**

**Return to the registrar’s office to be filed in the student folder.**