|  |  |  |
| --- | --- | --- |
| 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: |       |  |
|  |  |  |

|  |
| --- |
| 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.**