



Cross-Cultural Proposal

***For students who entered in academic years 2006-2007 or 2007-2008**

Name: _____

Garrett e-mail address: _____ @garrett.edu

Degree Program (circle): MA MDiv

Proposed place for Cross-Cultural Experience: _____

Starting and ending dates of proposed cross-cultural experience: _____

Name of cultural interpreter: _____

Deadline for reflection paper: _____

Brief summary of proposed cross-cultural experience:

SIGNATURES:

Student: _____ Date: _____

Advisor: _____ Date: _____

Supervising Faculty Member: _____ Date: _____
(or CITE Committee Member)

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