**PROPOSAL FOR DOMESTIC OFF-CAMPUS STUDY PROGRAM**

**This form needs to be completed by the Director of the Career Center or an Academic Department that seeks the approval of the Curriculum Committee for a domestic off-campus program. Credits earned through approved off-campus programs are considered “in residence” for the purposes of graduation requirements, and the grades earned are transcripted and calculated into the student’s cumulative, major, and minor grade point averages.**

**Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Campus phone ext.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE PROGRAM:**

**1. Name of program:**

**2a. Name of the affiliated institution through which credits and grades will be reported:**

1. **2b. Name of the accrediting body:**

**3. Website for institution/program (please provide the link) and any additional supporting documents that provide evidence (links, brochures, catalogs, etc.):**

**4. Describe the program and explain how it will enhance students’ academic experience through experiential learning opportunities not available through the College’s on-campus programs. Please provide evidence (links, sources, etc.):**

**5. Describe the program’s mission and explain how it is consistent with that of Marietta College:**

**6. Explain who will evaluate the student’s performance in experiential education component of the program:**

**Signature of the Director of Career Center or the Chair of an Academic Department**

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**Signature of the Provost**

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