International Activities Survey

Please help us with this venture by completing the form on the link below for each international activity (e.g., exchange, dual degree, study abroad, internship) your unit manages. A separate form should be submitted for each activity.

If you do not have complete information about a program, if you are unsure about whether it should be included, or if a program is currently experiencing a period of inactivity, please complete as much of the questionnaire as possible and submit it. We will follow up with you later if necessary.

Feel free to contact us at collOIA@indiana.edu or call Jez McMillen at (812) 856-7156.

1. What is your activity?
   - Exchange with another university
   - Faculty-led study abroad program (usually summer)
   - IU course with an embedded overseas travel component
   - Dual degree program
   - Internship
   - Research
   - Service learning/Field study
   - Other

2. Select the unit that manages this activity:
3. Who may participate in this international activity?
- Faculty
- Graduate Students
- Undergraduate Students
- Postdoctoral Researchers
- Other

4. The participant travel is:
- Inbound to the United States
- Outbound from the United States
- Reciprocal

5.a. With which city or region does this activity take place?

5.b. With which country does this activity take place?

6. What is the name of the international institution involved in this activity?
- Not applicable (skip to Question #10)
- Institution

7. If your agreement is with a specific unit (department, school, faculty) within that institution, identify it here.
- Not Applicable
- Unit

8. If you have a faculty or staff contact at the international institution, list the position your contact holds.
- Not applicable
- Position
9. If you have a written agreement with the international institution, what is its start date?

[ ] / [ ] / [ ]

MM DD YYYY

And its end date?

[ ] / [ ] / [ ]

MM DD YYYY

10. How long does the activity last? Select the range.

Minimum

[ ]

Maximum

[ ]

11. Indicate how much money is committed to this activity by the College and/or the Unit.

- None
- Not Known
- Amount

[ ]

12. If you want to clarify any answers or provide additional information concerning this activity, please provide that here.

[ ]

13. Name of person completing this form.

First

Last
14. Name and title of the primary point of contact in the College for this activity (if different than #13).