



**UNIVERSITY SYSTEM OF GEORGIA**  
**International Education**

**International Education Grant  
Application Form**

USG Institution

Grant Category

Submitter Contact Name

Submitter Contact E-mail

Brief Description of Proposal

**Required Campus Signatures**

Submitter

Name

Signature

Senior International Officer or SCIE Institutional Representative (required)

Name

Signature

Program Director/Faculty (if applicable)

Name

Signature

PDSO (if applicable)

Name

Signature