

**International Professional Development Program**  
**Proposal Coversheet**

**Instructions:** Complete and return this form with the proposal for international professional development funds.

Name \_\_\_\_\_ Campus \_\_\_\_\_

Division \_\_\_\_\_ Supervisor \_\_\_\_\_

Campus Phone \_\_\_\_\_ Office Location \_\_\_\_\_

Location of Project: \_\_\_\_\_

Partnering Institutions (if any) \_\_\_\_\_

Beginning Date of Project \_\_\_\_\_ Ending Date of Project \_\_\_\_\_

Total Cost of Project \_\_\_\_\_ Funds Request from TCC \_\_\_\_\_

Date Submitted \_\_\_\_\_

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IPO Use Only:

Date Received \_\_\_\_\_

Received by  Campus Mail  
 Delivery  
 Email