

INDEPENDENT STUDY CROSS CULTURAL PETITION

_____ Name (Print in Full)	_____ Today's Date	
_____ Student ID#	_____ Email Address	(_____)_____ Cell Phone Number

Year of Graduation: _____

Rationale of need for cross-cultural independent study:

Proposed cross-cultural experience(s) (international or domestic) Please be very specific and describe how they relate to your personal and professional goals:

Requirement Checklist -does your proposal:

- provide exposure to a culture different from one's own
- reflect engagement with a culture with which one has no or limited prior exposure
- include setting(s) in which one has direct interaction with the population
- provide onsite/engagement with others for a minimum of 25 hours total
- recognize that the independent study (OCTH 298 -1 unit) fulfills the Department cross-cultural experience requirement only and that OCTH 210 or another approved elective is required for graduation

Signature: _____

The student should secure all necessary endorsements before submitting this petition to the Faculty.

Endorsed by: _____ Advisor/Instructor
_____ Approved _____ Denied Action of Faculty: _____

Student notified: _____
Date By Whom