TUFTS UNIVERSITY EUROPEAN CENTER
Talloires, France

Tufts in Talloires 2017
Department Approval Form

Explanation to Department Chairs:
You are being asked to review and certify a course proposed by a member of your department for the Tufts in Talloires Program. Tufts in Talloires is a 6-week summer semester program for undergraduate students held each year at the Tufts European Center in Talloires, France. Tufts students from all class years and all disciplines are invited to participate in the Tufts in Talloires Program. Fluency in French is not a requirement. Students register for the program on a first come-first served basis and enroll in two credit bearing undergraduate courses that they select from the group of courses that are offered.

By signing this form, you are indicating your department’s support for the course being proposed and for the faculty member who is proposing it. Most importantly, your approval indicates that the proposed course is a legitimate, numbered offering of the department. Each proposed course MUST have a designated undergraduate course number approved by the sponsoring department.

The Department Approval Form must be received by 5:00 pm on Thursday, October 27, 2016 in order for the course proposal to be considered. Completed forms should be scanned and sent to Gabriella Goldstein, Director, Tufts European Center (gabriella.goldstein@tufts.edu). An email from the Department Chair indicating approval for the specific course proposal may also be sent.

The Subcommittee for the European Center at Talloires will consider all eligible proposals and review them for viability in Talloires. All attempts will be made to create a balanced and viable curriculum that will be attractive to undergraduates. Should you have any questions or concerns, please contact the Tufts European Center.

All course proposals must have departmental approval in order to be eligible for consideration.

I have read the attached proposal and the above ‘Explanation to Department Chairs.’ I hereby approve this proposal and certify the corresponding course number.

Proposed Course Name: ____________________________________________________________

Department and Proposed Course Number: ____________________________________________

To be taught by (faculty name): ______________________________________________________

Comments:_______________________________________________________________________

_____________________________________________________________________________

Department Chairperson Signature: ___________________________ Date: ________________