

# middelburg center for transatlantic studies

c/o Roosevelt Academy, Lange Noordstraat 1, NL-4331 CB Middelburg, the Netherlands

## Home Institution Approval Form

1. APPLICANT NAME: \_\_\_\_\_  
Family Name First Name
2. POSITION: \_\_\_\_\_
3. DEPARTMENT: \_\_\_\_\_
4. INSTITUTION: \_\_\_\_\_
5. CAMPUS TELEPHONE & FAX: \_\_\_\_\_
6. E-MAIL ADDRESS: \_\_\_\_\_
7. COURSE TITLE(S): \_\_\_\_\_  
\_\_\_\_\_

8. I AM PROPOSING A COURSE FOR THE SEMESTER OF ( ) Fall \_\_\_\_\_ ( ) Spring \_\_\_\_\_  
year year  
Block(s) 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ (Summer session) \_\_\_

9. ADMINISTRATIVE APPROVAL

\_\_\_\_\_  
Faculty Signature Date

I approve this application

\_\_\_\_\_  
Department Head Signature Date

I approve this application

\_\_\_\_\_  
Dean or other Administrator Date

I approve this application

\_\_\_\_\_  
Home Campus MCTS Director Date

10. Please scan this form and include/attach it as a PDF file with your on-line MCTS application.