

LSUHSC New Orleans
International Educational Experience
Approval Routing Coversheet

**Required for Approval of Non-MOU site*

Name of IEE Participant(s): _____

Site Name: _____ City, Country Location: _____

Dates of IEE Trip: Start _____ End _____

Required Approvals/Signatures:

School/Program Approval	Signature	Date
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School IEE Committee Member	Signature	Date
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Dr. Emilio Russo IEE Committee Chair	Signature	Date
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Remy E. Allen (Director) International Services Office	Signature	Date
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Dr. Janet Southerland, DDS, MPH, PhD Vice Chancellor for Academic Affairs	Signature	Date
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