INTERNATIONAL or CROSS-CULTURAL EXPERIENCE RECORD
SSU International Service and Peace Corps Prep Program

Student: ___________________________ Date: ___________________________

Part I: Proposal and Pre-Authorization

(Part I must be completed and signed by the program coordinator or the CIPA director before starting your international or cross-cultural experience.)

_Briefly describe the international or cross-cultural experience you are planning, as follows:_

Location: ______________________________________________________________________________________

Proposed dates: __________________________________________________________________________________

Organization: ____________________________________________________________________________________

Supervisor’s name, address, phone number, and email address: ___________________________________________

_______________________________________________________________________________________________

Will you be doing this experience alone, or with someone else you know? (If the latter, please list.) _________

_______________________________________________________________________________________________

Purpose of the activity: __________________________________________________________________________

_______________________________________________________________________________________________

Describe the activities planned. What will you be doing during this experience? ____________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

What do you hope to learn or gain from this experience? ______________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Signature of student: ___________________________ Date: ___________________________

Signature of program coordinator or CIPA director: ___________________________ Date: ________________
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Part II: Post-Completion Report

(Part II must be completed and submitted to the program coordinator within one month after the date of completion of your experience.)

Completion Date: ___________________________

A. Please attach an essay that describes the following:

(1) **What did you do during this experience?**
   (Note: This is not the most important part of your essay. Therefore, this section should comprise no more than about ¼ to 1/3 of your essay.)

(2) **What did you learn from the experience?**
   What insights did you gain from this experience? What did you learn about working or living with people from other cultures? Did anything surprise you? What were the hardest things to adjust to? How could this experience help you prepare for Peace Corps or a longer-term cross-cultural or international experience in the future?
   (Note: This is the most important part of your essay, and it should comprise at least 2/3 to 3/4 of your essay.)

B. Did this experience involve community service? If so, document the community service hours on your Community Service Record, and attach a copy to this form. (Please note: You may only count the hours you spent doing hands-on community service toward your community service hours. Do not include travel time, tourism activities, sleeping time, etc.)

This report will be kept in your file. You should also keep a copy for yourself. Your reflections on your experience, as recorded in this essay, will be very helpful to you when you complete your application to Peace Corps or another international service organization.

Signature of student: ___________________________  Date: ______________

Signature of program coordinator or CIPA director: ___________________________  Date: ______________