

**Short-Term Program Questionnaire**

**Basic Information**

Name of Contact/Organizer Click here to enter text.

Name of Agency/Group (if applicable) Click here to enter text.

Phone number (country code and area code) + Click here to enter text.

Email Address Click here to enter text.

Address Click here to enter text.

Country Click here to enter text.

Postal code Click here to enter text.

Describe your Short-Term Program Request

Click here to enter text.

**Participant Profile**

Age of participants attending the program Click here to enter text.

Highest education level of participants Click here to enter text.

Is this an individual program or family program Choose an item.

Expected number of participants Click here to enter text.

**Short-Term Training Information**

Describe the training desired for this short-term program

Click here to enter text.

List outcomes-based goals or skills expected from short-term program

Click here to enter text.

Please list any program attributes you wish included (English language training, dietary needs, and excursions)

Click here to enter text.

Budget per participant in $USD for entire program Click here to enter text.

**Dates and Time Frame**

Desired length of program Choose an item.

Preferred Time of Year Choose an item.

**What are the levels of English proficiency?**

Most participants are (please indicate one)

\_\_Proficient \_\_Intermediate \_\_Basic \_\_Mixed Levels

Some participants are (please indicate one)

\_\_Proficient \_\_Intermediate \_\_Basic \_\_Mixed Levels

**Additional Items to Consider**

Additional details about the short term program should be listed below:

Click here to enter text.

Date of Submission Click here to enter a date.

Please email questionnaire to [global@gannon.edu](mailto:global@gannon.edu), and thank you for your submission