

## Proposal Form

### General Information

#### Faculty Program Director

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

Will a second staff member, or student be required as support staff? (OIED recommends one faculty member or support person per 15-22 students. If a program will have more than 15 students faculty directors may consider adding a second support staff, faculty member, graduate or undergraduate assistant as outlined above.)

#### First Support Staff

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Expertise in the host country or in the discipline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second Support Staff

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Expertise in the host country or in the discipline: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain the role and qualifications of support staff (Please attach a resume or CV for each support staff):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Basic Program Information**

Title of Program: \_\_\_\_\_

Program Location: \_\_\_\_\_

Proposal Type: \_\_\_\_\_

Spring Break: \_\_\_\_\_

Summer A: \_\_\_\_\_

Summer B: \_\_\_\_\_

Summer C: \_\_\_\_\_

**Course Information (Summer A & B programs will two courses, for a total of six credits. Summer C programs must have at least 3 courses for a total of 9 credits and a maximum of 12 credits.)**

Course 1

Title and Number: \_\_\_\_\_

Instructor: \_\_\_\_\_

Course Prerequisites: \_\_\_\_\_

\_\_\_\_\_

Course 2

Title and Number: \_\_\_\_\_

Instructor: \_\_\_\_\_

Course Prerequisites: \_\_\_\_\_

\_\_\_\_\_

























## Program Itinerary

Please complete the itinerary, include the location, city and country, and all activities planned for each day, lectures, museum visits, site visits, tours, etc.

	<b>Date</b>	<b>Location</b>	<b>Activities</b>
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			

Day 10			
Day 11			
Day 12			
Day 13			
Day 14			
Day 15			
Day 16			
Day 17			
Day 18			
Day 19			
Day 20			



Day 21			
Day 22			
Day 23			
Day 24			
Day 25			
Day 26			
Day 27			
Day 28			
Day 29			
Day 30			
Day 31			

Day 32			
Day 33			
Day 34			
Day 35			
Day 36			
Day 37			
Day 38			
Day 39			
Day 40			
Day 41			
Day 42			

Day 43			
Day 44			

In addition to this form please submit a syllabus or syllabi for courses that will be taught as part of this program

**Faculty Member Agreement**

If I am approved to lead this program and teach this course, I agree to follow university policies with regards to short-term international programs. Including but not limited to:

- Submitting an update to this proposal if there are any significant changes
- Sharing a complete and detailed itinerary with students and OIED in advance of departure.
- Attending all faculty workshops

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Approvals**

By signing below you indicate that the proposed program is consistent with the department, school or college's policies, mission, and goals.

### **Department or Unit Chair/Supervisor**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Dean of the College or School**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Assistant Vice President for International Education and Development (for the International Education Committee)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date