

# FACULTY-LED PROGRAM PROPOSAL

for programs occurring in the following Calendar Year

## 1. PROGRAM INFORMATION – TO BE COMPLETED BY THE PROGRAM / FACULTY LEADER

Program Title:	
Program Location (City and Country): Sponsoring	
Academic Departments:	
Program Term: <input type="checkbox"/> Intersession <input type="checkbox"/> Spring Break <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Stand-Alone <input type="checkbox"/> Imbedded <input type="checkbox"/> I am flexible regarding the program term	
Is this the first time this program is being offered? <input type="checkbox"/> Yes <input type="checkbox"/> No If this is a repeat, you will not need to complete the <b>Academic Information</b> section unless substantive changes have been made to the content.	
Approx. Program Length:	Approx. Program Dates (MM/DD/YY): From:
Maximum Number of Students based on Program Content and Location:	
Majors from which students are likely to be drawn:	
What type of course is this; Magis Core, Department Core, Major, Minor or Elective? Please describe.	
Provide a brief summary of the program for advertising materials and the web including the academic topic, location, excursions, academic field learning and visits etc.	
Type of program housing anticipated to be used (check all that apply): <input type="checkbox"/> Host university dormitories <input checked="" type="checkbox"/> Commercial hotels/apartments <input type="checkbox"/> Hostels <input type="checkbox"/> Other (please explain);	
Do you intend to work with a Cooperating Institution(s) Abroad? If so, how long have you had a relationship and how can this relationship assist your program?	
*Desired Partner Institutions must be fully vetted by our Finance Office to insure that all financial criteria for international payments are met. If you want the Cooperating Institutions to be the provider of logistics, the partner must follow the University New Vendor and International partner process. If it is not possible for this partner to comply with vendor requirements, the Office of Study Abroad will research other options that will satisfy the program needs.	

**ACADEMIC INFORMATION –**

**Please include a Syllabus for the course with this Proposal**

Course Discipline (e.g. ENGL):	Course #:	# credits:
Please list any eligibility requirements (course prerequisites, class standing, minimum GPA) for this program. <i>Please note: the standard minimum cumulative for study abroad is 2.8.</i>		
Provide the following academic content of the course <ul style="list-style-type: none"> <li>• general course description</li> <li>• outline of course goals and objectives</li> <li>• applicability of the course to the chosen location</li> <li>• academic work required</li> <li>• assignments</li> <li>• grading system</li> <li>• methods of assessment</li> </ul>		
Describe the activities, field learning, and any other regional travel you plan on incorporating into the program and how they will enhance the academic and cultural content of the course.		
Does this program require students to meet specific physical demands to participate? <input type="checkbox"/>		
Yes <input type="checkbox"/> No		
If yes, please explain:		

**2. FACULTY LEADER INFORMATION**

Faculty Leader:	Academic Department:
Telephone #.	Email Address:
Do you have plans to be on sabbatical in the year preceding the proposed program? : <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state timeframe and year:	
Please describe the extent of your travel experience within the proposed program location and your familiarity with local customs, culture, language, laws, etc. If the primary language spoken there is not English, please provide information regarding your level of fluency in the primary language of that country, and/or your plan for an interpreter/translator:	

**FACULTY LEADER AGREEMENT:**

**I understand and accept my leadership responsibilities as the Faculty Leader on this proposed Program and agree to uphold the expectations required of me in this role;**

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT CHAIR:**

**I have reviewed this course proposal and feel that it would be a contribution to the major curriculum. The offering will not adversely offset the staffing in our department.**

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEAN OF THE SPONSORING COLLEGE:**

**I have reviewed and approve this proposal:**

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Global Fairfield**

**Risk and Cost Assessment attached:**

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEAN OF THE SPONSORING COLLEGE:**

**I approve this program:**

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_