

**MAY TERM ABROAD**

**FACULTY PROPOSAL FORM**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_ Course for May Term 20\_\_\_\_\_\_\_

Please submit your completed proposal to your College Dean who will bring it to the Academic Leadership Council for consideration and approval.

All new or repeating May term courses abroad must be submitted for approval each year.

Proposals must be submitted no later than March 15 of the academic year prior to the year in which the May Term course abroad is to be offered.

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

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

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

**Please submit the following information:**

1. **Course Description**
* Specific course goals and rationale for selection of program location (country and site)
* Rationale for course given departmental or College vision and goals

**2. Syllabus and General Itinerary**

* A draft syllabus including overall structure of course, texts, assignments and methods of evaluation.
* A tentative daily schedule including destinations, activities, and course topics, including on campus class sessions and start/end dates of international trip.

**3. International Partner(s) (if applicable)**

* A brief background on the international partner(s) you will work with in the host country
* A description of the background research that has prepared you to lead this course, including a summary of the interactions/communication you have had with the partner(s) and the status of the partnership.

**4. Enrollment**

* Anticipated maximum number of students (The University’s suggested maximum is 15 students; the minimum number is typically 8 students.)
* Plans for recruitment

**5. Estimated Cost**

* A breakdown of the approximate student program fee, what it covers, and an estimate of what students will need to cover out of pocket, using the chart below.
* If using a third party provider, please attach quotes from two different providers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Item** | **Projected Cost (Total)** | **Projected Cost** **(Per student)** | **Notes** |
| Program Fee (if applicable) |  |  |  |
| Housing  |  |  |  |
|  Stipends |  |  |  |
| Meals |  |  |  |
| In-country Transportation |  |  |  |
| Airfare |  |  |  |
|  Materials |  |  |  |
| Cost for 2 Faculty Leaders |  |  |  |
| Insurance (required: $75 per person) |  |  |  |
| Miscellaneous  |  |  |  |
|  **Total Program Fee** |  |  |  |
| Non-included costs: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Out-of-Pocket Costs** |  |  |  |

**6. Impact on the University**

* Who will handle pre-graduation business in your absence?
* What on-campus courses in your discipline will be offered in May Term?
* List of your May Term courses for the last three years

**7. Program Back-up**

* If you are petitioning to be the sole faculty leader for this course, please identify an on-campus faculty or staff member who is familiar with the course material, itinerary, and host country; has a valid passport; and is available to lead the course in your absence, if necessary.

**Signatures**:

*Department chair signatures indicate the course supports the plans and needs of the department.*

Department 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of the College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_