# **Faculty-led study abroad/study away proposal form**

# 1. Program information

Name of Program: Click here to enter text.

Location: Click here to enter text.

Program beginning date\*: Click here to enter a date. Program ending date\*: Click here to enter a date.

**\*(Do not include orientation, only class time before and/or after the trip, if any.)**

Trip beginning date\*\*: Click here to enter a date. Trip ending date\*\*: Click here to enter a date.

**\*\*(This date should be the date that students fly out of the U.S. on, not the date they arrive in the host country.)**

Term 1  Term 2  Regular Summer  May Interim  August Interim  Spring Break  Other

**Minimum number of Students**: Click here to enter text. **Maximum number of Students:** Click here to enter text.

Has the Program been offered before, and if so, **when** and wat was it’s **enrollment**:

Click here to enter text.

# 2. faculty coordinator information

**Name of Faculty Program Coordinator**: Click here to enter text. W#: Click here to enter text.

**College & Department**: Click here to enter text.

**Office Phone #:** Click here to enter text. Email: Click here to enter text.

**Office Location:** Click here to enter text. Box #: Click here to enter text.

# 3. ADDITIONAL FACULTY (If ApplicablE) excluding coordinator

**Additional Faculty #1: Traveling Yes No**

Name: Click here to enter text. W#: Click here to enter text. Office Phone #: Click here to enter text.

Email: Click here to enter text. Office Location: Click here to enter text. Box #: Click here to enter text.

**Additional Faculty # 2: Traveling Yes  No**

Name: Click here to enter text. W#: Click here to enter text. Office Phone #: Click here to enter text.

Email: Click here to enter text. Office Location: Click here to enter text. Box #: Click here to enter text.

**Additional Faculty # 3: Traveling Yes  No**

Name: Click here to enter text. W#: Click here to enter text. Office Phone #: Click here to enter text.

Email: Click here to enter text. Office Location: Click here to enter text. Box #: Click here to enter text.

# 4. faculty qualifications/details

Describe the qualifications of the program coordinator and teaching faculty in regards to the host site(s) and language(s). Include any previous experience teaching in a group study abroad program.

Click here to enter text.

# 5. Program Objectives

Describe the academic and cultural objectives of the program. What provisions for significant and structured cultural immersion, including contact with citizens of the host country, does the program feature? What excursions and/or cultural events are planned as part of the program? How does the cultural program support the academic objectives?

Click here to enter text.

# 6.Course(s) to be taught as part of the program

Cross-listing of courses within and/or across disciplines and offering both undergraduate and graduate level credit options is recommended whenever possible to broaden the applicant pool.

**Course # 1**

Subject (e.g. ENGL): Click or tap here to enter text. Course #: Click or tap here to enter text. # credits: Click or tap here to enter text.

Requirements fulfilled (if any) i.e. core category/major/minor: Click or tap here to enter text.

Prerequisites (if any): Click or tap here to enter text.  
 *Note:* *Prerequisites for existing courses may be adjusted or waived with the approval of the academic department/college if appropriate*

**Course # 2**

Subject (e.g. ENGL): Click or tap here to enter text. Course #: Click or tap here to enter text. # credits: Click or tap here to enter text.

Requirements fulfilled (if any) i.e. core category/major/minor: Click or tap here to enter text.

Prerequisites (if any): Click or tap here to enter text.

**Course # 3**

Subject (e.g. ENGL): Click or tap here to enter text. Course #: Click or tap here to enter text. # credits: Click or tap here to enter text.

Requirements fulfilled (if any) i.e. core category/major/minor: Click or tap here to enter text.

Prerequisites (if any): Click or tap here to enter text.

**Course # 4**

Subject (e.g. ENGL): Click or tap here to enter text. Course #: Click or tap here to enter text. # credits: Click or tap here to enter text.

Requirements fulfilled (if any) i.e. core category/major/minor: Click or tap here to enter text.

Prerequisites (if any): Click or tap here to enter text.

**6. a. Course format**

Course takes place entirely abroad (some meetings and/or assignments begin prior to departure or after return as needed)

Overseas component embedded in a larger course context taught on campus during regular term, occurring in the beginning, middle, or end

Hybrid model with some class meetings taking place on campus leading up to abroad portion

Academics (Check all applicable)

Faculty member(s) teaching in classroom space and/or on site (museum, cultural locale, etc.)

Lectures by guest speakers and local experts

Class(es) taught by non-Southeastern faculty (e.g. language institute, or host institution)

Service-learning component integrating community service with guided instruction and reflection by faculty member or contracted local instructor

Research component or project

Language acquisition

**6. b**. If any of the courses is a 400/500 level, what are the requirements for the graduate component?

Click here to enter text.

**6. c**. If program will be open for non-credit.

Click here to enter text.

# 7. Course outline

Describe the learning activities included in the course syllabi/timeline (cultural activities, classroom time, guest lectures, field trips/excursions, group learning activities, research, service learning, community projects, volunteer time, and other academic activities prior to, during, and after the program) and how they will enhance the academic and cultural content of the course(s).

Click here to enter text

**7.a**. Attach a course syllabus for each Study Abroad course to be offered. The syllabus should be specific for the program and address the required readings, educational activities, means of student assessment, and grading methods. Include a table documenting **2,250 minutes** of academic content for each three credit-course.

Syllabus Attached

**7.b**. Attach a tentative daily itinerary of activities covering all program and trip dates. The itinerary should include a listing of orientation sessions, pre-trip meetings, trip dates, and post trip date activities.

Attached

# 8. Lodging

Type of Housing (check one)  Hotel  Dormitory  Home-stay Other Click here to enter text.

Describe the housing arrangements for students and faculty – location, amenities provided, number of students per room, and medical facilities. Provide the contact information for each establishment.

Click here to enter text.

# 9. Meals

State if meals are included in the program and whether or not faculty meals will be included as well. Also, state whether the menus are set or if the participants have an option. If some or all meals are not provided, state how much additional money should the participants budget to cover meals.

Click here to enter text.

# 10. Emergency Services

Detail what emergency services that will be available to students and faculty on the program.

Click here to enter text.

Detail the CDC vaccination requirements and recommendations for all countries of travel in the program itinerary (cdc.gov). Include medical care available in the region, proximity to emergency medical services, whether or not 24 hour security is available on the premises, proximity to police or security officers, etc.

Click here to enter text.

# 11. Travel Arrangements and ground transportation

(If the program will require rental vehicles, fill out Vehicle Rental form at <http://www.selu.edu/admin/controller/facultystaff/travel/forms/vehicle_rental.pdf>, and attach a copy of the completed and signed form.)

Copy attached (if applicable).

Detailed rate information or contract attached for each.

11. a. Description provider

Description, provider, and cost of any other services:

Click here to enter text

# 12. Student Selection and recruiting

Discuss criteria to select students for this program, to be consistent with general institution standards. How much time do you feel you will be able to devote to recruiting students each week? What types of recruiting activities are you considering in order to let students know about your program?

Click here to enter text.

# 13. Estimated program budget

**To assist in determining program costs, please provide the following estimated student expenses.**

**Per student expenses**: (list all prices in USD)

This is a package price that includes meals, transportation, lodging, etc. This price is listed under lodging (check if applicable):

Airfare (Only if included in program price) Click here to enter text.

Lodging Click here to enter text.

Meals Click here to enter text.

Field trips/excursions Click here to enter text.

Local transportation Click here to enter text.

Course materials (books, learning resources, etc.) Click here to enter text.

ISIC Card  **$25**

**Subtotal per student** Click here to enter text.

Multiply expenses per minimum number of students Click here to enter text.

**Per faculty expenses**: (list all prices in USD)

This is a package price that includes meals, transportation, lodging, etc. This price is listed under lodging (check if applicable):

Airfare Click here to enter text. Lodging Click here to enter text.

Meals Click here to enter text.

Field trips/excursions Click here to enter text.

Local transportation Click here to enter text.

Course materials (books, learning resources, etc.) Click here to enter text.

Miscellaneous (Phone, Laundry, exit taxes, tips, promotional items etc.) Click here to enter text.

Salary requested (Program Coordinator) Click here to enter text.

Choose a Retirement Plan:  TRSL  ORP  LASERS

\*Total salary including benefits Click here to enter text..

Salary requested (Additional Faculty#1) Click here to enter text.

Choose a Retirement Plan: TRSL  ORP  LASERS

\*Total salary including benefits Click here to enter text..

Salary requested (Additional Faculty#2) Click here to enter text.

Choose a Retirement Plan:  TRSL  ORP  LASERS

\*Total salary including benefits Click here to enter text..

Salary requested (Additional Faculty#3) Click here to enter text.

Choose a Retirement Plan: TRSL  ORP  LASERS

\*Total salary including benefits Click here to enter text..

ITIC Card ($25 per traveling faculty member) Click here to enter text.

**Subtotal including student total** Click here to enter text.

**8% overhead of total to Southeastern** Click here to enter text.

**TOTAL (including students)** Click here to enter text.

\*Salary needs to include benefits (retirement and FICA)

TRSL = 25.4% ORP = 28% LASERS = 37.9% FICA = 1.45%

# 14. Signature Approval Form

**Your signature below indicates that you have reviewed the proposal described above and certify that the program meets the Departmental and University Standards for quality and content of coursework. You also certify that the terms of the program, as described above, are in accordance with State, Board, and University Policies.**

**Faculty Coordinator and Additional Faculty:**

**Initial each statement below to indicate your acceptance of these requirements.**

1. In the event that I am unable to complete a course that is in progress, I agree to assist the school/college in ***finding and selecting a replacement faculty coordinator***.

Coordinator \_\_\_\_ Faculty#1 \_\_\_\_ Faculty#2 \_\_\_\_ Faculty#3 \_\_\_\_

1. I attest that if I make any change to the program ***I will inform the Study Abroad Office of that change and also inform all applicants***, especially if the change modifies the itinerary, dates or costs.

Coordinator \_\_\_\_ Faculty#1 \_\_\_\_ Faculty#2 \_\_\_\_ Faculty#3 \_\_\_\_

1. I attest that any program changes (e.g. logistics, fees, dates) will be ***made before the program application deadline.***

Coordinator \_\_\_\_ Faculty#1 \_\_\_\_ Faculty#2 \_\_\_\_ Faculty#3 \_\_\_\_

1. I understand, if the program is approved, that ***attending the in-person Faculty-led Programs Workshop is mandatory*** in order for me to lead a course abroad.

Coordinator \_\_\_\_ Faculty#1 \_\_\_\_ Faculty#2 \_\_\_\_ Faculty#3 \_\_\_\_

1. I understand that Southeastern requires me to ***reconcile my travel expenses within ten (10) days after my return***. If I fail to reconcile my expenses within a month of my return I will not be permitted to take a travel advance for a future program.

Coordinator \_\_\_\_ Faculty#1 \_\_\_\_ Faculty#2 \_\_\_\_ Faculty#3 \_\_\_\_

**Faculty Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Faculty #1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Faculty #2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Faculty #3 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Head #1:** By signing below, I attest that this course abroad proposal meets the stated academic and cultural outcomes, as well as the academic standards of the department. I further approve and endorses the Faculty Coordinator being assigned to lead this program as assigned herein.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Department Head #2:** By signing below, I attest that this course abroad proposal meets the stated academic and cultural outcomes, as well as the academic standards of the department. I further approve and endorses the Faculty Coordinator being assigned to lead this program as assigned herein.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Dean #1:** By signing below, I attest that this study abroad proposal meets its stated academic and cultural outcomes, and I approve its listing. I concur with the Department Head’s assessment of the academic merit of the program.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Dean #2:** By signing below, I attest that this study abroad proposal meets its stated academic and cultural outcomes, and I approve its listing. I concur with the Department Head’s assessment of the academic merit of the program.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Director of International Initiatives**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Please make a copy for your records. When you have signed the document, please hand deliver entire proposal folder to the International Initiatives office or call 2135 for pick-up.

Phone#: 985-549-2135

Fax#: 985-549-3478

Email: [**studyabroad@selu.edu**](mailto:studyabroad@selu.edu)

Web: [**www.selu.edu/studyabroad**](http://www.selu.edu/studyabroad)

**International Initiatives**

**Southeastern Louisiana University**

**Student Union, Suite 1305**

**303 Texas Ave.**

**Hammond, LA 70402**