FACULTY-LED STUDY ABROAD PROGRAM FEASIBILITY PROPOSAL

1. List all faculty members who will be participating in this program. List the faculty member who will be serving as group leader first.						
Faculty member	De	partment	Email		Phone	
2. List all courses that will be international location.	offe	ered with this program th	at will be	taught partia	lly or completely at the	
Course Number		Course Title		Instru	ctor	
 3. Semester abroad: Summer 20 Fall 20 Winter 20 Spring 20 4. City and country of destination: (countries with a travel warning will not be approved) 5. Indicate reasons for selecting this location. 6. Describe the benefits of teaching the course(s) at this location. A. Have you visited this site?						
7. Number of weeks abroad:						
8. Number of contact/student-professor hours per course:						
A. Pre-travel number of contact hours per course						
B. Post-travel number of contact hours per course						
 Is there an on-campus component for this program? Yes No If yes (Please explain) 						

10. Number of credit hours a student w Minimum	vill be required to take in this program Maximum	:
11. Describe the setting you are planning	ng for your class time.	
12. Indicate how the participation in this professional growth.	s program will contribute in the studer	nt's academic and
13. Minimum number of students neede	ed to make this program feasible:	
14. Maximum number of students allow	red to participate in this program:	
15. What prospective students will you Major(s) Classification(s) Other:	target for this program?	
 Is there a language requirement for Yes (explain) No 	your program?	
17. List all recruiting activities you are p	planning to use?	
18. Will you be using a program provide	er for this program? yes no	
If Yes:		
A. Name of program provider:		
B. List the reason(s) for selecti	ing this provider.	
C. Attach any references you m	nay have regarding this provider.	
D. List services that will be prov	vided by your program provider.	
Program Group Leader Name:	Signature	Date:
Department Chair(s) Name:	Signature	Date:
College Dean(s) Name:	Signature	Date:

Attach proposed budget and itinerary for this program.