

Faculty-Led/Staff Education Abroad Program Proposal

This section must be completed for ALL programs:

- General Program Information with Department/Unit Approval
-

Please complete the additional proposal sections as they apply to your program:

- Additional Health & Safety Form
**Must be completed 1.) If the proposed program is in a country with a U.S. State Department Travel Advisory or 2.) If you will NOT be using a program provider for in-country support or 3.) If on-site logistics are not arranged by OIP*
- Academic Course Form
**Must be completed if the proposed program is FOR CREDIT or FOR OPTIONAL CREDIT*

Program Proposal Timeline

**This is an ideal 12-18 month development timeline, and flexibility can always be considered.*

Summer Program Development

- February 1:** New program proposals due to OIP
April 1: New course proposals should be submitted to UCC and then Faculty Council
(Programs with academic credit cannot be promoted until UCC approval has been received.)
September 1: Actively promote programs through Education Abroad Fairs, online webpages and in classes.
November 1: OIP online applications open to student submissions
February 15: Student application deadline
March 1: Students notified of acceptance and confirm commitments with a financial contract
March & April: Pre-departure orientations
May-August: Programs abroad and post-trip evaluations and assessments

Winter Break Program Development

- September 1:** New program proposals due to OIP
November 1: New course proposals should be submitted to UCC and Faculty Council
(Programs with academic credit cannot be promoted until UCC approval has been received.)
February 1: Actively promote programs through Education Abroad Fairs, online and in classes
August 1: OIP online applications open to student submissions
October 1: Student application deadline
October 15: Students notified of acceptance and confirm commitments with a financial contract
Oct. & Nov.: Pre-departure orientations
Dec.-Jan.: Programs abroad and post-trip evaluations and assessments

Submit completed proposals to:

For credit-bearing programs: Aimee Jones, Assistant Director at Aimee.Jones@colostate.edu
For non-credit-bearing programs: Nicole Tobin, Assistant Director at Nicole.Tobin@colostate.edu

General Program Information

PROGRAM NAME _____

LOCATION(S) _____

DURATION (# of days) _____ DATES _____ TERM/YEAR _____

TYPE OF PROGRAM NOT FOR CREDIT OPTIONAL CREDIT FOR CREDIT

PROGRAM LEADER/DIRECTOR NAMES (s)

Please include CSU titles, contact information, program responsibilities and local expertise (Program tuition and fees normally support a 1:10 faculty: student ratio)

IN-COUNTRY SUPPORT (if known):

Provider/Institution Name(s) Please include titles contact info, program responsibilities, and local expertise.

PROGRAM EXPENSES

Provide estimates for known expenses to begin establishing a program fee (e.g. accommodation, excursions, faculty travel expenses, local transportation etc.) DCE tuition revenue typically covers faculty salaries for instruction.

***NOTE:** Program fees must be approved by OIP as well as collected by a CSU account and CANNOT be managed in private or personal accounts. Program fees should cover the costs of actual expenses while abroad. Overestimates will be discounted at the time of billing.

FINANCIAL OBLIGATIONS, CONTRACTS AND AGREEMENTS

Describe any service contracts or financial agreements. Service providers receiving funds for amounts over \$5,000 MUST be approved through CSU Contracts and Procurement based on CSU policies for business and financial management.

PROGRAM DESCRIPTION

Provide a brief description of the proposed program, itinerary, and learning outcomes.

Health, Safety & Orientation

An additional form must be completed 1.) If the proposed program is in a country with U.S. State Department Travel Advisory or 2.) If you will NOT be using a program provider for in-country support or 3.) If on-site logistics are not arranged by OIP

Is there a U.S. State Department issued Travel Advisory for the location or country?

http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html

YES

NO

POSSIBLE HEALTH AND SAFETY RISKS ASSOCIATED WITH PROGRAM
LOCATION & ACTIVITIES

PREVENTATIVE MEASURES

--	--

PRE- & POST-TRIP PROGRAMMING (Please describe any pre- and post-trip orientations, meetings, classes which you plan to offer.)

Departmental / College Approval

SPONSORING UNIT / DEPT. _____

FACULTY DIRECTOR NAME AND TITLE _____

PROGRAM PROPOSED BY:

Faculty/Staff Director Signature

Date

PROGRAM SUPPORTED BY:

Department Chair / Unit Head Printed Name and Signature

Date

Dean/Associate Dean Printed Name and Signature

Date