Leading a group of students abroad is a professionally rewarding experience. Completing this proposal is the first step in developing a new faculty-led program. The following information is designed to help faculty outline the critical details of their new program. This in turn helps to ensure that the program is created with the needs of students in mind and that all important details have been gathered and considered.

As you begin the proposal process, it is important to remember that creating new programs/relationships may, at times, be a lengthy process. We suggest you begin developing your program at least 2 semesters (12-14 months) prior to your proposed program start date so there is ample time to recruit students.

Should you have questions as you complete your proposal, the Office of International Studies and Programs (OISP) will be glad to assist you. Please feel free to contact OISP at (309) 438-5276 to discuss international program ideas with OISP staff members. We encourage you to meet with our office about any aspects to which you cannot answer throughout the proposal process.

**Proposal submission process:**

1. Review the [Faculty Director Handbook](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)
2. Review proposal review criteria (in the Faculty Director Handbook)
3. Complete this proposal document. Include these supporting documents:
   1. [Program Budget Worksheet](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)
   2. Proposal narrative
   3. Draft of syllabus or outline for each offered course
   4. Draft of tentative program itinerary including activities
4. Submit all proposal materials by the proposal deadline and Obtain Signatures
   1. Signatures from the Dean, Chair of your Department, and the Graduate School (if applicable) must be obtained by the proposal deadline.
   2. Only complete proposals submitted by the deadline will be reviewed.

|  |  |  |
| --- | --- | --- |
| **Program Term** | **Proposal Deadline** | **Student Application Deadline** |
| **Winter Break Program** | November 1 (one year prior to program start date) | September 15 |
| **Spring Break Program** | February 1 (one year prior to program start date) | November 1 |
| **Summer Program** | April 1 (one year prior to program start date) | February 1 or March 1 |
| **Semester Program** | Spring: Dec 1 (one year prior to program start date)  Fall: August 1 (one year prior to program start date) | Spring: September 15  Fall: March 15 |

|  |  |  |
| --- | --- | --- |
| **GENERAL PROGRAM INFO AND DATES** | | |
| **Program Title:** Click here to enter text. | | |
| **Program location(s) *(list all cities and countries****)*: Click here to enter text. | | |
| **Sponsoring dept.(s) and College(s):** Click here to enter text. | | |
| **Name and description of host university/provider/institution:**  Click here to enter text. | | |
| **Program location(s)(list all cities and countries):**  Click here to enter text. | | |
| **Majors from which students are likely to be drawn:**  Click here to enter text. | | |
| **Program Semester and Year**  Term: Choose an item. Year: Choose an item. | **Frequency of program offering:**  Every Year Every-other year | |
| **Program Application Deadline:** (For summer programs only) February 1 March 1 | | |
| **Tentative Program Dates:**  Date of departure from U.S.: Click here to enter text.  Program start date: Click here to enter text.  Program end date: Click here to enter text.  Date of departure from host country: Click here to enter text. | | |
| **Primary Faculty Director information** | | |
| **Primary Faculty Director name:**  Click here to enter text. | | |
| **Primary Faculty Director Role:** Instructor Guide (non-instructional) Other | | |
| **Campus address:**  Click here to enter text. | | **Campus phone:**  Click here to enter text. |
| **Email:**  Click here to enter text. | | **Cell phone:**  Click here to enter text. |
| **Co-Faculty Director information (if applicable)** | | |
| **Co-Faculty Director name:**  Click here to enter text. | | |
| **Campus address:**  Click here to enter text. | **Campus phone:**  Click here to enter text. | |
| **Email:**  Click here to enter text. | **Cell phone:**  Click here to enter text. | |
| **Co-Faculty Director Role:** Instructor Guide (non-instructional) Other | | |

|  |  |
| --- | --- |
| **PARTICIPANT DETAILS** | |
| Graduate students Only Yes No  Undergraduate students Only Yes No  Both graduate and undergraduate Yes No | **Min. cumulative GPA required:** Choose an item.  *OISP min/ cumulative GPA for faculty-led programs is 2.0 undergraduate, 3.0 graduate* |
| **Restricted to certain majors:** Yes No  (If yes, list which majors): Click here to enter text.  **Major GPA required** Choose an item. N/A | **Number of ISU credits:**  MIN: Click here to enter text.  MAX: Click here to enter text. |
| **Pre-requisites:** Yes No  (If yes please list): Click here to enter text. | **Anticipated student enrollment**  MIN: Click here to enter text.  MAX: Click here to enter text. |

|  |
| --- |
| **ON-SITE INFORMATION (Provide as much information as possible)** |
| **Accommodation for Program:** (Check all that apply)  Hotel Residence Hall Apartment Homestay Other (please specify): Click here to enter text. |
| **Who arranges accommodation?** Click here to enter text. |
| **Are utilities included?** Yes No |
| **Is internet available?** Yes No  **If yes, is usage an additional expense?** Yes No If yes, what is the cost in Dollars? Click here to enter text. |
| **Are laundry services available?** Yes No |
| **Are any meals provided?** Yes No |
| **Are students required to pay host institution fees?** Yes No  **If yes, what is the amount in Dollars:** Click here to enter text. |
| **Does the host institution provide student health insurance:**  Yes No  **If yes, is the insurance required?** Yes No  **Is there an additional cost?** If yes, what is the cost in Dollars? Click here to enter text. |
| **If using a provider, does the host institution have liability insurance?** Yes No |
| **Orientation: Is an on-site orientation provided?** Yes No |

|  |
| --- |
| **TRAVEL** |
| **How will students travel to the host site?** *(Please note that OISP does not coordinate group travel arrangements)*  Arrange Individually Group Flight  If group flight, who will make travel arrangements? Click here to enter text. |
| **Is airport pickup provided?** Yes NoIf yes, is there an additional cost? Yes No If yes, please estimate the amount in US dollars: Click here to enter text. |

|  |
| --- |
| **IMMIGRATION and IMMUNIZATIONS** |
| **Is a visa required to enter the country?** Yes No  **If yes, please specify:** Click here to enter text.  **If yes, what is the cost in Dollars?** Click here to enter text. |
| **Are immunizations mandatory for host country?** Yes No  *(Please visit CDC website for complete details:* [*http://cdc.gov/*](http://cdc.gov/)*)* |

|  |
| --- |
| **ACADEMIC INFORMATION** |
| **Courses will be taught by:**  ISU Faculty Host University/Institution/Organization Faculty Both ISU and Host Faculty |
| **Academic instruction will be conducted at**: *(check all that apply)* Host university/institution/organization On-site tour ISU campus  Other (please specify) Click here to enter text. |
| Are there any required courses at the host university/institution/organization?  Yes  No |
| **Grading Scale:**  *Please indicate grading scale. If using the host university/institution/organization grading scale please attach to this document)* ISU Grading Scale Host University/Institution/Organization grading scale |

|  |  |  |
| --- | --- | --- |
| **Please list all courses that will be taught in the chart below, and include copies of syllabi with the proposal submission.**   * ***ISU courses*** *If complete syllabi are not yet developed, please attach a general course outline for each course.* * ***Host institution courses*** *If students will take courses at the host institution please attach prospective course articulations for review by Department Chair. If there is a full curriculum offered at the host university please attach or include link for the course catalog.* | | |
| **Course Title** | **Course Number** | **Number of credits** |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |

|  |
| --- |
| **PROPOSAL NARRATIVE** |

**Please type the narrative, answering the following questions, in a separate document and attach to the proposal.**

1. What, if any, first-hand experience do you have in the region/country and, if applicable, host country language?
2. How does this program meet goals outlined in Illinois State University’s [strategic plan](https://educatingillinois.illinoisstate.edu/downloads/ECE-Strategic-Plan_2-13-single-pgs.pdf)?
3. What departmental goals will students achieve from this program?
4. **Academics**
   1. Course Number, Title, Catalog Description
   2. What is the academic content of this course, and how does it relate to the chosen country/location?
   3. What are the academic learning objectives of this program? How are these different than when you teach this course on-campus?
   4. How do the course objectives address learning outcomes in the context of your study abroad site?
   5. What assignments and learning opportunities are included in the program to connect course content to the location?
   6. What activities will prepare students to be on site before you depart on the program?
   7. How have you adapted the existing assessments for your course in a study abroad context?
   8. How is the proposed length of the travel component of the program conducive to fulfilling the proposed number of credit hours?
   9. How are credits earned on this study abroad experience used to fulfill university, college, and major requirements (as determined by the relevant academic units)?
5. **Program Design**
   1. How does the program design help students develop cross cultural communication skills, cultural sensitivity, and cultural adaptability?
   2. How will program excursions, host institution faculty, and aspects of the host culture and environment be integrated into the academic program and courses?
   3. What are the nature and level of contacts already made with the institution abroad?
   4. What are the credentials of host country faculty/speakers?
   5. Are there field/clinical experiences offered in this program? If so, how many hours total?
      1. Will students require background checks/special clearances to be on a clinical site?
   6. Thinking about the itinerary, how are academics, excursions, and free time balanced throughout the time in country?
   7. If there is more than faculty director, how will roles and responsibilities be divided?
6. **Student Recruitment and Program Sustainability** 
   1. How will you recruit students?
   2. Are you targeting specific majors? How will you identify and reach them?
   3. Where does the course you are offering fall in a student’s plan of study?
   4. What is your plan for promoting and marketing your program?
   5. Will you be competing with other programs offered in your department/college? How will you mitigate this?
   6. What is your best substantiated estimate of student enrollment in the first year and in subsequent years?
7. **Safety and Security**Faculty-led programs should follow appropriate safety and security policies. The proposal should demonstrate the faculty directors' clear understanding of the risk environment.
   1. **For each identified risk, please identify the steps to be taken to mitigate these risks through areas such as program design, education, orientation, secluding, security procedures, or planning.**
   2. Please review the following resources to assist you in identifying risks associated with your itinerary:
8. [U.S. Department of State Country Information](https://travel.state.gov/content/passports/en/country.html)
9. Applicable U.S. Department of State [Travel Alerts or Travel Warnings](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html.html) (if the program itinerary includes a country under a current U.S. State Department Travel Warning, additional review requirements apply.
10. The Overseas Security Advisory Council (OSAC) [Crime and Safety Reports](https://www.osac.gov/pages/ContentReports.aspx?cid=2) (current or prior year).
11. Upon review of this information and after consulting with on-site colleagues or contacts about risks, explicitly identify the risks inherent to your program for the following categories:
    1. Terrorism/civil unrest
    2. Crime/criminal activity
    3. Water safety
    4. Other identified risks
    5. Transportation (public, private and pedestrian - with special attention to any program-organized group transportation)
    6. Foreseeable reoccurring natural disasters relevant to that location (i.e. Hurricanes in the Caribbean)
    7. Export Control Issues (please discuss with the Export Control Officer) <http://research.illinoisstate.edu/ethics/university_policies/export/>

|  |
| --- |
| **PROGRAM BUDGET WORKSHEET** |

Please provide a complete draft of the [Program Budget Worksheet](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/) with your proposal. The *Program Budget Worksheet* has two tabs; one tab for the *Student Program Costs* and one tab for the *Faculty Director Costs*. Once you have submitted the Program Budget Worksheet draft, you will work with the Assistant Director for Study Abroad to finalize the budget.

As a public institution, ISU strives to offer the highest quality international learning experiences to our students at the most reasonable cost. Many factors can affect program cost, such as number and location of excursions, type of accommodations, and number of program leaders. For example, including more than one faculty member for each 12-15 planned participants can add significantly to the cost of a program. This is sometimes necessary to meet the pedagogical goals of your college's program model. For field-based programs, this can also be necessary for risk management.

|  |
| --- |
| **ITINERARY** |

Please attach a separate document describing the program itinerary and logistics.

* 1. *(For example, what is the schedule? How do you envision the program to run? Academic instruction, program excursions, site visits, internship opportunities, combination of, etc.)*

**Departmental/School and College Study Abroad Proposal Approval Form**

**PART ONE: To be completed by the FACULTY DIRECTOR(S) submitting the proposal.**

|  |
| --- |
| **Proposal Submission Date:** Click here to enter a date. |
| **Program Title/Host Institution:** Click here to enter text. |
| **Faculty Director**: Click here to enter text. |
| **Faculty Co-Director:** Click here to enter text. |
| **Department**: Click here to enter text. |
| **College:** Click here to enter text. |

**The following course(s) will be offered for credit as part of this Study Abroad Program:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Title** | **Instructor of Record** | **Course Number** | **Number of credits** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

I have read and understand the duties of an ISU Study Abroad Program Faculty Director as outlined in the [*Faculty Director Handbook*](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)*.* **My signature below verifies my acceptance of the role and responsibilities of Faculty Director as outlined in the handbook.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Click here to enter text. |  |  |
| Faculty Director Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  |  |
| Faculty Co-Director Signature *(if applicable)* |  | Print Name |  | Date |

**PART TWO: To be completed by the DEPARTMENT CHAIR, SCHOOL DIRECTOR, COLLEGE DEAN, AND GRADUATE SCHOOL DEAN *(Graduate School signs only if graduate credit is offered)*.**

1. **Faculty Salary**

The decision regarding Faculty Director salary is determined by the department. Ordinarily, to ensure the program is affordable to the students, the Faculty Director’s salary is paid from departmental or college funds or release time may be granted. If such funds are not available, the Office of International Studies and Programs (OISP), in agreement with the department/college, will collect funds directly from the students as part of the program costs. Those funds would then be transferred to the authorized department for payment of the faculty director’s salary upon completion of the program, if applicable.

Please select one of the following options:

1. ***Department Paid Salary*** 
   1. The Faculty Director’s salary will be paid from departmental or college funds. Yes No
   2. The Faculty Director’s salary will be paid using release time for typical faculty duties. Yes No
   3. The Faculty Director’s salary will be paid using a combination $Click here to enter text. of departmental/college funds and $Click here to enter text. of funds generated through student program costs collected by OISP.
2. ***OISP will collect funds in the total amount*** of $Click here to enter text., or Click here to enter text. ***per student, generated through student program costs.***
3. ***No salary will be allocated to the Faculty Director***. Click here to enter text.
4. **Administrative Approvals**

I (we) certify that the program design, academic content/syllabi are satisfactory, and that the qualifications of the proposed Faculty Director(s) have been reviewed and approved.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Click here to enter text. |  |  |
| College Dean Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  |  |
| Department Chair/School Director Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  |  |
| ISU Director of Graduate School Signature *(if applicable)* |  | Print Name |  | Date |