Completing a proposal is the first step in developing a new exchange program. The following information, as well as the Proposal Form which begins on the next page, are designed to help departments and schools outline the critical details of the new exchange. 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.

Should you have questions as you complete your proposal, the Office of International Engagement (OIE) will be glad to assist you. Please feel free to contact OIE at (309) 438-5276 to discuss international program ideas with OIE staff members.

As you begin to complete the proposal process, please be advised 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.

Please note that new exchanges that are not attracting enough ISU students (at least 2-4 students per year) will be considered for cancellation after being offered for three years. (Exceptions can be made for highly focused disciplines or departments with small enrollments.) Exchanges may also be considered for cancellation due to administrative difficulties, issues with academic integrity or offerings, or other issues. OIE will review programs after two years and communicate concerns to relevant ISU departments/colleges.

*The standard student study abroad applications deadlines for programs are: March1 for Fall semester, Sept. 1 for Spring semester, and January 15, February 1, or March 1 for Summer semester participation. No applications will be accepted after these dates.*

**Proposal submission process:**

1. Review the [Faculty Leader Handbook](https://studyabroad.illinoisstate.edu/downloads/about/Study%20Abroad%20Faculty%20Director%20Handbook.pdf)
2. Complete this proposal document including the following:
   1. [Program Budget Worksheet](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)
   2. Proposal narrative
   3. Draft of syllabus or outline for each offered course
3. 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

**All proposals are evaluated according to:**

1. The ways in which the exchange fills a gap in existing offerings
2. Academic fit between ISU and the host institution
3. The ways in which the exchange contributes to ISU’s long-term strategic goals
4. The benefits the exchange provides to ISU students
5. The soundness of the proposed exchange relationship and the likelihood of its long-term success
6. The established proposal review criteria (in the Faculty Leader Handbook)

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| **GENERAL PROGRAM INFORMATION** | | |
| **Program title:** Click here to enter text. | | |
| **Program location(s) *(list all cities and countries)*:** Click here to enter text. | | |
| **Sponsoring dept.(s):** Click here to enter text. **Sponsoring college(s):** Click here to enter text. | | |
| **Program location(s):** (list all cities and countries)  Click here to enter text. | | |
| **Name and description of host university/institution:** Click here to enter text. | | |
| **Study abroad terms available for ISU students:** Fall Spring Summer Academic Year | | |
| **Semester and year intended for start of program:** Choose an item. Choose an item. | | |
| **Primary faculty leader information:** | | |
| **Primary faculty leader name:** Click here to enter text. | | |
| **Faculty leader role:**  Instructor Guide (non-instructional)  Other | | |
| **Campus address:**  Click here to enter text. | **Email:**  Click here to enter text. | **Campus phone:**  Click here to enter text. |
| **Co-faculty leader information (if applicable):** | | |
| **Co-faculty leader name:** Click here to enter text. | | |
| **Campus address:**  Click here to enter text. | **Email:**  Click here to enter text. | **Campus phone:**  Click here to enter text. |
| **Co-faculty leader role:** Instructor Faculty Advisor (non-instructional) Other Click here to enter text. | | |

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| **ISU STUDENT PARTICIPANT DETAILS** | |
| **Student type:** Undergraduate Graduate  Both graduate and undergraduate | **Minimum class standing:**  Sophomore Junior Senior Graduate |
| **Appropriate majors for this program:** Click here to enter text.  **Restricted to certain majors:** Yes No  *(If yes, list which majors)*: Click here to enter text. | **Min. major GPA required:** Choose an item.  **Min. cumulative GPA required:** Choose an item.  *NOTE: OIE minimum cumulative GPA is 2.5 undergraduate, 3.0 graduate for one-way programs* |
| **Anticipated student enrollment:**  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. |

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| **HOST INSTITUTION CONTACT INFORMATION** | | |
| **At host institution, primary contact for *outgoing ISU study abroad students*:**  **Full name:** Click here to enter text. **Title:** 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. | |
| **EMERGENCY CONTACT INFORMATION:** | | |
| **Primary Emergency Contact Name:** Click here to enter text. | | **Title:** Click here to enter text. |
| **Emergency phone number:** Click here to enter text. | | |
| **Does the host institution maintain a 24-hour emergency phone that students can call?** Yes No  **24-hour emergency phone number:** Click here to enter text. | | |

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| **ACADEMIC INFORMATION ABOUT HOST-INSTITUTION** | | |
| **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. | | |
| **Grading scale to be used on program:** *(If using the host institution grading scale please attach to this document or insert weblink)* Click here to enter text.  ISU Grading Scale Host Institution grading scale | | |
| **Academic calendar:** *Please provide the weblink for the institution’s academic calendar below.*  Click here to enter text. | | |
| **How is student work evaluated?** (e*.g. one exam per course, multiple papers, etc.)*  Click here to enter text. | | |
| **How many ISU credits is each course worth at the host institution?** Click here to enter text. | | |
| **Are there any required courses at the host institution**?  Yes  No | | |
| **At what level are courses offered at the host institution for ISU students to take?** lower division upper division | | |
| **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 a full curriculum is available please attach or provide link to 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. |

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| **PROGRAM LOGISTICS** |
| **Does the host institution have an international student office that will assist ISU students?** Yes No |
| **Does the host institution provide an on-site orientation?** Yes No |
| **What kind of housing is available for ISU students?** (check all that apply) Apartment  Homestay  Residence Hall |
| **Are cultural activities/excursions available?** Yes No  **If yes, please specify**: Click here to enter text. |
| **Who arranges accommodation?** Click here to enter text. |
| **Are utilities included?** Yes No |
| **Is free internet available?** Yes No  If not**,** what is the approximate cost in USD? 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 USD:** 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?** Yes No  **If yes, what is the cost in USD?** Click here to enter text. |

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| **TRAVEL** |
| **How will students travel to the host institution?** *(Please note that OIE does not coordinate group travel arrangements)*  Each student will arrange Individually Group flight  **If group flight, who will make travel arrangements?**  Faculty Leader  Host institution  Other Click here to enter text. |
| **Is airport pickup provided?** Yes No**If yes, is there an additional cost?** Yes No **If yes, please estimate the amount in USD:** Click here to enter text. |

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

**SECTION 2: INCOMING EXCHANGE STUDENTS:**

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| **INCOMING EXCHANGE STUDENTS COMING TO ISU** |
| **Type of Exchange Agreement:**  Departmental exchange only  University-wide exchange only *(If you select this option only, please proceed to the Selection of Incoming Exchange Students section)*  Both University-wide and Departmental exchange |

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| **DEPARTMENTAL COURSES** |
| **Will you be able to guarantee spaces for incoming exchange students for classes taught in** **your department?**  Yes No |
| **If the incoming exchange students will focus on courses in your school/department, do you have prerequisites for them to participate in?**  Yes No *(If yes, please specify):*  Click here to enter text. |
| **Does the exchange partner require that their students take specific ISU courses, or is the exchange partner flexible with any ISU courses either in your department/school or across the ISU campus?**  Incoming exchange students may take any ISU course Specific ISU courses are required *(Please list courses below)*: |

|  |  |
| --- | --- |
| **ISU Course Number** | **ISU Course Title** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| **DEPARTMENT-SPECIFIC COURSES FOR EXCHANGE STUDENTS** | |
| **Have you selected certain courses that exchange students would be eligible for in your department, provided that the student meets the prerequisites?** Yes *(Please list courses below)* No | |
| **ISU Course Number** | **ISU Course Title** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| **SELECTION OF INCOMING EXCHANGE STUDENTS** |
| **Does timing of the partner’s academic calendar allow their students to attend ISU’s regular semester period?**  (August-December and/or January-May) Yes No |
| **Incoming exchange students may be:** Undergraduate only Graduate only Both graduate and undergraduate |
| **Which terms would incoming exchange students attend ISU? (Check all that apply)** Fall Spring Summer  AY |

**DURATION OF STAY** *Please be advised: while summer is an option, there are additional considerations. Please contact* [*International Student and Scholar Services*](https://isss.illinoisstate.edu/about/) *to discuss these considerations.*

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| **PROPOSAL NARRATIVE** |

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

1. **Faculty Leader’s Experience** 
   1. Why are you proposing this exchange?
   2. Please describe your experience in the region/country, and if applicable, host country language?
   3. Do you have a history of collaboration with a colleague(s) at this institution? If yes, please explain the nature and depth of this collaboration.
2. **Program Feasibility and Sustainability** 
   1. How would this exchange benefit students at ISU, and how does it fit with corresponding academic programming here at ISU?
   2. Is there broad ISU faculty support for such a program? (This is critical for making a program viable, since one of the reasons students cite in their decision to go abroad is faculty encouragement.) Please attach at least two letters of support for the exchange from your department, school, or college.
   3. New exchanges are normally only considered for locations or disciplines that cannot be served by existing ISU Study Abroad Programs. Please describe which gap this exchange will fill. (If you are proposing an exchange at a location where an ISU study abroad program already exists, please explain how the exchange meets needs that the existing program does not.)
   4. Will you be competing with other programs offered in your department/college? If so, how will you mitigate this?
   5. What kind of support is there for keeping the exchange active for the next 5-10 years?
   6. Are there other ISU departments interested in sending students on this exchange? If so, how many students might they send each term?
3. **Academics for ISU Students**
   1. How does this program meet goals outlined in Illinois State University’s [strategic plan](https://educatingillinois.illinoisstate.edu/" \l "slide1)?
   2. What departmental goals will ISU students achieve from this program?
   3. How are credits earned on this study abroad experience used to fulfill university, college, and major requirements (as determined by the relevant academic units)?
   4. How does the program help students develop cross-cultural communication skills, cultural sensitivity, and cultural adaptability?
   5. Where does the course(s) you are offering fall in a student’s plan of study?
   6. What academic support is available for ISU students on-site (for advising, tutoring, office hours, etc.)
4. **Recruitment of ISU students**
   1. What is your recruitment plan (list enrollment in targeted majors, plans for program promotion, etc.)?
   2. What is your best substantiated estimate of likely student enrollment in the first year and in subsequent years?
5. **Safety and Security for ISU**
6. Faculty-led programs should follow appropriate safety and security policies. The proposal should demonstrate the Faculty Leaders' clear understanding of the current safety conditions of the host country.
   1. For each identified safety concern, please identify the steps to be taken to mitigate 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:
      1. [U.S. Department of State Country Information](https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html)
      2. 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.
      3. The Overseas Security Advisory Council (OSAC) [Crime and Safety Reports](https://www.osac.gov/pages/ContentReports.aspx?cid=2) (current or prior year).
      4. 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 (e.g. hurricanes in the Caribbean)
         7. Export control issues <https://research.illinoisstate.edu/ethics/training/export-control/>

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

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

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

(If host institution courses will be taken please attach syllabi).

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Leader as outlined in the [*Faculty Leader Handbook*](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)*.* **My signature below verifies my acceptance of the role and responsibilities of Faculty Leader as outlined in the handbook.**

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

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

1. **Faculty Support for Program Evaluation and Program Site Visit:**Financial support from Colleges/Departments for Study Abroad program helps to lower program costs for students. Some Colleges/Departments have a budget for faculty travel while others may not. In this regard, the Office of International Engagement (OIE), in agreement with the College/Department, **may opt to add a Faculty Support Fee** to their program which will be used for faculty to visit and evaluate the study abroad program site. If agreed upon, the College/Department and OIE wilfl work collaboratively to perform the following:

OIE will add a line item on the study abroad program budget called “**Faculty** **Support**”

1. This will be billed to the students through their Student Accounts. Faculty support fees may pay for and/or reimburse travel expenses incurred to visit and evaluate the study abroad program site, not to exceed the amount collected. All reimbursements will be in accordance with the approved ISU Travel policies and guidelines.
2. We authorize OIE to collect $Click here to enter text. per student. Any funds not used within 3 years will be used at the discretion of OIE to assist with study abroad initiatives.

We do not wish for OIE to collect a faculty support fee.

1. **Administrative Approvals**

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

|  |  |  |  |  |
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|  |  | 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 |