Completing a proposal is the first step to developing a new Study Abroad 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 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.

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.

As you begin to complete the proposal process, please be advised that creating new programs/partnerships 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 programs 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.) Programs may also be considered for cancellation due to administrative difficulties, issues with academic integrity or offerings, or other issues. OISP will review programs after two years and communicate concerns to relevant ISU departments/colleges.

*The standard student Applications Deadlines for programs are: March 15for Fall semester, Sept. 15 for Spring semester, and February 1 or March 1 for Summer term participation. No applications will be accepted after these dates.*

**Proposal submission process:**

1. Review the [Faculty Director Handbook](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)
2. Complete this proposal document including the following:
   1. Proposal narrative
   2. Course syllabi and/or course catalog.
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 program fills a gap in existing offerings
2. Academic fit between ISU and the host institution
3. The ways in which the program contributes to ISU’s long-term strategic goals
4. The benefits the program provides to ISU students
5. The soundness of the proposed relationship and the likelihood of its long-term success
6. The established proposal review criteria (in the Faculty Director Handbook)

|  |  |  |
| --- | --- | --- |
| **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 director information:** | | |
| **Primary faculty director name:** Click here to enter text. | | |
| **Faculty director 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 director information (if applicable):** | | |
| **Co-faculty director 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 director role:** Instructor Faculty Advisor (non-instructional) Other Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| **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. | | |

|  |  |
| --- | --- |
| **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: OISP 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. |

|  |
| --- |
| **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 to the host 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 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. |

|  |
| --- |
| **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 in accommodation?** Yes No |
| **Is internet provided in student accommodations?** Yes No **Is internet provided on campus?** Yes No  **If yes, is usage an additional expense?** Yes No **If yes, what is the 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. |

|  |
| --- |
| **TRAVEL** |
| **How will students travel to the host institution?** *(Please note that OISP does not coordinate group travel arrangements)*  Each student will arrange Individually Group flight  **If group flight, who will make travel arrangements?**  Faculty Director  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. |

|  |
| --- |
| **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 host country?** Yes No  *(Please visit CDC website for complete details:* [*http://cdc.gov/*](http://cdc.gov/)*)* |

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

**In a separate typed document, please answer the following questions and attach to the proposal.**

1. **Faculty Director Experience** 
   1. Why are you proposing this program?
   2. What, if any, first-hand experience do you have in the region/country and, if applicable, host country language?
   3. Do you have a history of collaboration with 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 program 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 program from your department, school, or college.
   3. New programs are normally only considered for locations or disciplines that cannot be served by existing ISU Study Abroad Programs. Please describe which gap this program will fill. (If you are proposing a program at a location where an ISU study abroad program already exists, please explain how the program 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 this program active for the next 5-10 years?
   6. Are there other ISU departments are interested in sending students on this program? If so how many students might they send each term?
3. **Academics**
   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 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. **Student Recruitment** 
   1. What is your plan for promoting and marketing your program to recruit students?
   2. Are you targeting specific majors? How will you identify and reach them?
5. **Safety and Security**
   1. Faculty-led programs should follow appropriate safety and security policies. The proposal should demonstrate the faculty directors' clear understanding of the risk environment.
   2. 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.
   3. 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/passports/en/country.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. Transportation (public, private, and pedestrian - with special attention to any program-organized group transportation)
         5. Foreseeable reoccurring natural disasters relevant to that location (i.e. Hurricanes in the Caribbean)
         6. Export Control Issues (please discuss with the ISU Export Control Officer) <http://research.illinoisstate.edu/ethics/university_policies/export/>
         7. Other identified risks

**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:**

(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 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 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 Studies and Programs (OISP), 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 OISP will work collaboratively to perform the following:
   1. **OISP** will add a line item on the study abroad program budget called “**Faculty** **Support**” which 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. We authorize OISP to collect $Click here to enter text. per student. Any funds not used within 3 years will be used at the discretion of OISP to assist with study abroad initiatives.
2. **Administrative Approvals**

I (we) certify that the program design and academic content 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 |