



Faculty-Led Short Term Study Abroad Program Proposal

Course number/title _____ units: _____

Is this course linked pedagogically to another course? ____ If so, explain the relationship

Instructor _____ rank _____ Dept. _____,

College _____

Contact information in US _____

Contact information abroad _____

Session _____

Location of program _____

Dates of program _____

Collaborating faculty/institution in host country and contact information

Brief description of your familiarity with the study abroad destination

Status of host country from State Department AND CSU Risk Management Authority

See <http://travel.state.gov/content/passports/english/alertswarnings.html> and <http://www.csurma.org>)

Enrollment: maximum # ____ minimum # ____

How will students be selected to participate?

Program description, goals and objectives (brief summary from syllabus, can refer to more detail in syllabus)

Provide strategies for integrating students into local communities/culture

How does course/program meets goals of Dept. /College. Please attach a copy of course syllabus

Travel plans, both travel to and at the destination

Food and Lodging arrangements

Plan for emergencies (e.g., student or instructor)

Itinerary of daily activities

Budget for students (must include CSURMA insurance charge obtained from campus Risk Manager; see <http://www.csurma.org>)

NUMBER OF PERSONS	CONCEPTS	COST PER PERSON	TOTALS
	Registration		
	Health Insurance		
	Academic Visa		
	Lodging		
	Meals		
	Residence (Host Family)		
	Hotel		
	University Housing		
	Transportation (airfare)		
	Transportation (while in host country)		
	Excursions		
	Additional fees(please list below)		
	1.		
	2.		
	3.		
	4.		
	5.		
		Total:	

Please use the space below to provide additional information regarding costs:

Timeline (to include when students must register, purchase insurance from CSURMA, when they must obtain passport, when forms/documents must be submitted, when travel plans finalized, when they must register for Safe Traveler Enrollment Program (STEP), date of mandatory orientation)

The information above accurately reflects information related to my short-term abroad course.

Signature of Faculty Member _____ Date _____

Recommended for Approved by:

Signature of Dept. Chair _____ Date _____

Signature of Dean _____ Date _____

Vice President's Signature _____ Date _____

President's Signature _____ Date _____