**REACTIVATION**

**FACULTY-LED STUDY ABROAD PROGRAM**

#### **PROGRAM TITLE**

|  |  |
| --- | --- |
| Faculty Program Director(s): |  |
| Email & phone number(s): |  |
| Program: |  |
| Sponsoring Department(s): |  |
| Sponsoring College(s): |  |
| Proposed starting date for program: |  |
| Length of program: |  |
| When the program last ran: |  |
| Target audience (*i.e. number of students potentially interested in program):* |  |
| Course(s) & number of credit hrs: |  |
| Program destination is: | \_\_\_ new country for GVSU program\_\_\_ new city in a country where GVSU currently has a program\_\_\_ city where GVSU already has a program |

**INSTRUCTIONS**

Describe the proposed program by responding to the questions below. Include as much information as you have, and indicate clearly the areas where further work is necessary. Submit the following documents to Kirsten Bartels (bartelki@gvsu.edu): 1) the completed form with all appropriate signatures; 2) a syllabus for each course offered; 3) the proposed itinerary; 4) the program budget.

1. **Description of program**. Describe the purpose, objectives, and learning goals for the proposed program, and describe the rationale for the proposed location(s). Indicate how the program fits the international objectives of your unit.
2. **Reactivation.** When was this program last active? What was the reason for the program being made dormant? What changes to the original program are you proposing?
3. **Existing programs.** Are there existing programs offered by GVSU partner institutions, third-party study abroad providers, or other U.S. colleges and universities that could provide comparable academic credit for students? If so, describe them.
4. **Courses.** Identify all course(s) that would be included in the program. Indicate whether they would be new courses or existing courses offered abroad, and indicate which requirements they would fulfill. If the course(s) would be offered by a host institution, please discuss the arrangements.
5. **Existing courses.** Would the courses overlap with any existing courses at GVSU? If so, indicate which courses and briefly discuss the overlap.
6. **Contact hours**. Indicate the distribution of contact hours for each proposed course, as shown below. Note that a 3-credit course must contain 45 contact hours of instruction. Field trips, if closely linked to the academic program, count towards the 45 hours, at 50% (2 hours of field trip = 1 hour of formal instruction).

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT HOURS** | **\_\_\_\_\_\_\_\_\_\_\_\_**(Course Title) | **\_\_\_\_\_\_\_\_\_\_\_\_**(Course Title) | **\_\_\_\_\_\_\_\_\_\_\_\_**(Course Title) |
| Lectures, discussions, classes |  |  |  |
| Field trips |  |  |  |
| Other (please describe) |  |  |  |
| Total |  |  |  |

1. **Leader experience.** Describe any experience and/or connections you have with the proposed destination, such as personal experience in the country, professional networks, family connections, or language proficiency. Describe any experience you have leading student travelers and any relevant experience in managing emergency situations.
2. **Have you identified a co-director for the program**? If so, please indicate their name, position, and department, and describe their relevant experience below. If you are planning to use a third-party provider that will act as the co-director, please indicate this.
3. **Have you identified an alternate program director**? If so, please indicate their name, position, and department, and describe their relevant experience below.
4. **Host institution and in-country support**. Are you planning to work with a host institution or organization? If so, describe the organization’s experience hosting international groups, and describe their specific role in the group’s stay. If possible, provide the host organization’s website, and external feedback from other universities that have worked with the host institution or organization. If you are not planning to work with a host institution or organization, who will provide in-country support for the group?
5. **Housing, food services, and transportation.** Describe proposed housing and food service arrangements for the group and in-country transportation.
6. **Field trips.** Describe proposed field trips and briefly describe their relevance to the academic goals of the program.
7. **Risk identification and risk management.** Describe any potential risks in the following domains that are relevant to the proposed program: 1) health-related risks (e.g., outbreaks of contagious disease and poor water quality); 2) natural disasters and severe weather; 3) crime and security concerns; 4) conflict and political unrest; 5) bias related to race, nationality, gender inequality, or sexual orientation; and 6) high-risk activities (e.g., physically strenuous activities or travel to remote or hard to reach locations). We are particularly interested in situations, conditions, or activities that present greater than minimal risk (i.e., risks greater than those ordinarily encountered in students’ daily life or during routine activities). Describe how you would mitigate the risks and/or how you would use a site visit to learn more about potential risks and mitigation strategies and resources. Include a description of available medical and mental health facilities and resources.
8. **Site visit**. Provide a description of your proposed site visit. Include approximate dates and activities. Site visits frequently include visiting host institutions, reviewing accommodation sites, identifying meeting spaces, collecting information on dining options, identifying appropriate in-country transportation, and meeting with host country contacts.
9. **Estimated budget.** Attach a preliminary budget for the program that includes students’ direct expenses, the program director’s expenses, and any additional expenses (see sample Budget spreadsheet).
10. **Syllabus**. Attach a copy of the syllabus for each course you plan to offer.

**PRE- SITE VISIT APPROVALS/SIGNATURES**

Signatures from the Program Director, Executive Director of the Padnos International Center, Department Chair(s), and College Dean(s) are required before the proposal is reviewed by the International Education Committee (IEC).

**Submitted by:**

Faculty Program Director

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Name Signature Date

Program Co-director

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Name Signature Date

**Approved by:**

Executive Director of the Padnos International Center

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Name Signature Date

Department Chair

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Name Signature Date

College Dean

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Name Signature Date

Chair of IEC

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Name Signature Date

Chair of IRAC

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Name Signature Date

**PROPOSED PROGRAM CHANGES FOLLOWING SITE VISIT**

Please describe additions or other changes you would like to make to your initial proposal, based on the site visit. Attach any documents that changed from your initial submission.

**POST-SITE VISIT APPROVALS/SIGNATURES**

Signatures from the Program Director, Executive Director of the Padnos International Center, Department Chair(s), and College Dean(s) are required before the proposal is reviewed by the International Education Committee (IEC).

**Submitted by:**

Faculty Program Director

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Name Signature Date

Program Co-director

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Name Signature Date

**Approved by:**

Executive Director of the Padnos International Center

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Name Signature Date

Department Chair

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Name Signature Date

College Dean

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Name Signature Date

Chair of IEC

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Name Signature Date

Chair of IRAC

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Name Signature Date