



STUDY ABROAD PROPOSAL FORM

[Please type all forms.]

Program Title:

College/School/Department:

Country(ies) to be visited:

Term during which program will be offered:

Fall
Winter Session
Spring
Summer

Program Dates

On campus:

Abroad:

Purpose of the Program:

What course(s) will you be teaching?

Course Number(s):

Title:

Credits:

Faculty Director (1):

Name

Title

Panther ID

Phone

E-mail

Office Address/Location

Which of the following applies to you (check one):

- 9-month appointment
- 12-month appointment
- Adjunct

Faculty summer salary will be paid (check one):

- By the department:
- By the program:

Faculty Director (II)

Name

Title

Panther ID

Phone

E-mail

Office Address/Location

Which of the following applies to the other faculty member (check one):

- 9-month appointment
- 12-month appointment
- Adjunct

Faculty summer salary will be paid (check one):

- By the department:
- By the program:

Name and information of the person in your department who will be working with you on all payments to vendors, Travel Authorizations, and Expense Reports:

Name – Phone – Email – Office Location

PLEASE ATTACH THE FOLLOWING:

- Study Abroad Program Proposal and Approval Forms
- Course Form (Form 14)
- Course Syllabus
- Program Budget
- Tentative Program Itinerary with all program locations and dates AND level of activity
- Vendor and Payment Information Sheet



PROGRAM APPROVAL FORM

All documents must be submitted as a packet to the OSA (305) 348-1913, PC 113, and/or lboudon@fiu.edu or sugomez@fiu.edu by the deadlines listed below.

Program Proposal Deadlines:

Winter Session 2016: September 1

Spring 2017: September 15

Summer 2017: October 5

Fall 2016: April 1

For the Faculty Director

Faculty Director Name (I):

Faculty Director Name (II):

Program Proposal Checklist (initials required)

*Before you submit your Study Abroad Proposal packet, please read through the items below to confirm that you have followed the preliminary steps in the proposal process. Please **initial** next to each statement to indicate “yes” (if more than one Faculty Director, all must initial)*

- Discussed your program proposal with the Office of Study Abroad _____
- Reviewed the Study Abroad Program Guidelines _____
- Discussed program proposal, with your Chair, Dean, and/or supervisor _____
- Discussed your study abroad teaching load and compensation requirements with your Chair, Dean, and/or supervisor _____
- Discussed your availability to dedicate administrative time to program preparation, student recruitment, and all other program logistics with your Chair, Dean, and/or supervisor _____
- Discussed with your Chair what departmental support will be in place for assistance with vendor payments, Travel Authorizations, budget management, and expense reports/reconciliation _____

Department Chair/Supervisor Name

College/School Dean Name

To the Department Chair and College/School Dean:

The aforementioned faculty director is proposing a study abroad program for the 2015-2016 academic year, pending approval from the Department Chair, the College Dean, and the Budget Manager for the unit. Part of the approval process requires some preliminary discussions and acknowledgements as well as a thorough review of the study abroad proposal packet.

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Please see the list of items below and **initial** next to each statement to confirm that these items have been addressed with the Faculty Director(s) and/or other members of your unit.

- Discussed the program proposal with the faculty director (Chair)_____ (Dean)_____
- Discussed the study abroad teaching load and compensation requirements with the faculty director (Chair)_____ (Dean)_____
- Will faculty salary be paid by the **program** or by the **department**? (Please circle one) (Chair)_____(Dean)_____
- Discussed the faculty director's availability to dedicate administrative time to program preparation, student recruitment, and all other program logistics (Chair)_____ (Dean)_____
- Discussed and established a departmental support plan to be put in place for assistance with vendor payments, Travel Authorizations, budget management, and expense reports/reconciliation (Chair)_____ (Dean)_____

PLEASE REVIEW THE STUDY ABROAD PROPOSAL PACKET AND SIGN BELOW FOR APPROVAL:

- Study Abroad Program Proposal and Approval Forms
- Course Form (Form 14)
- Course Syllabus
- Program Budget
- Tentative Program Itinerary with all program locations and dates AND level of activity
- Vendor and Payment Information Sheet

Department Chair Name
Signature _____
Date _____

Department Chair Name
Signature _____
Date _____

Dean Name
Signature _____
Date _____

Area Budget Manager Name (please confirm that you have reviewed and approved the program budget)
Name _____
Signature _____
Date _____

Office of Study Abroad Director or Representative Name
Signature _____
Date _____