**Study Abroad Program Proposal**

Faculty members must consult with the Office of Study Abroad when submitting a proposal for a new program. All completed proposals must be submitted to the Office of Study Abroad by the deadline noted.

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**Name of the Program Director**

**Sponsoring Academic Department**

**Email Address**

**Campus Address**

**Campus Phone Number**

**Abroad Address (Optional)**

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**Program Information**

- □ This program is offered for the first time
- □ This is an existing program (offered in the past).
- □ The program has changed.

**Program Title**

**Departure Date Return Date**

**Program’s Main Location(s)**

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**Program Description (Please attach a separate document with the answers to the following questions)**

- **Academic Description**: Include the global learning objectives of the program (specifically address how teaching the course improves upon courses already offered by the university) and course descriptions (course numbers, titles, and number of credits). Indicate if these are new courses being proposed for the program or if they are courses already taught at the university.
- **Course Syllabus**: Include the syllabus the students will receive for the FHSU course taught with the program.
- **In-Country**: Daily itinerary includes group excursions and activities, class time and free travel time for the students. Also include faculty director’s hours of contact with the students.
- **Room and Board**: Describe location and type of housing for each student. Is it a hotel, hostel, host family, dorm? Are any meals included with the lodging? Which meals? What meals do students have to provide for themselves? How much should each student budget for extra meals?
- **Transportation**: Describe any in-country transportation. How will the group be picked-up and returned to the airport? If transportation is provided by a private carrier, does the carrier have appropriate insurance?
- **Travel Cost per Student**: Use the provided Program Proposal Budget Sheet to create the travel cost per student amount. This amount will be placed on all advertising materials for the program. Is there a minimum number of student necessary to travel? Is there a maximum number of students that you can accommodate?
- **Vendors**: Please indicate the contact information for any preferred vendors.
Program Advisory Process (Please have this document reviewed and approved by the listed individuals)
“We have reviewed the proposal and approve it.”

_______________________________________  
Department Chair  
Signature  
Date

_______________________________________  
Dean of College  
Signature  
Date

_______________________________________  
Study Abroad Advisory Committee  
Signature  
Date

_______________________________________  
Associate Provost for Internationalization and Global Partnerships  
Signature  
Date

Program Cancellation Policy

I, _________________________________ , have understood that after the development of a program, if funding is not provided to the university, if student enrollment is too low to cover budgeted costs, or if safety, security or health concerns arise, the Office of the Provost reserves the right to cancel the program.

_______________________________________  
Faculty Director  
Signature  
Date