

Faculty-Led Study Abroad Program Proposal Form

Academic Year 2024–2025

Fall 2024, Spring 2025, Summer 2025

The Program Proposal Form is required for all CWRU credit-bearing, traditional faculty-led study abroad courses that intend to use the full resources of the Office of Education Abroad to support their program. This form, an approved budget, and Faculty-Led Agreement Form must be received and reviewed by the Office of Education Abroad before your course may receive student applications.

All completed forms should be submitted to Valerie Ramin (var26@case.edu).

If you have any questions, please contact [Valerie Ramin](#) at the Office of Education Abroad.

PROGRAM BASICS

Program Name:

Program Name: Country (UNIV 100)

Enrollment Term (Program Travel), Student Application Deadline:

Fall Semester (Winter Break), Sept. 6

Spring Semester (Spring Break), Jan. 24

Spring Semester (May Abroad), Jan. 24

Summer (May Session), March 15*

Summer (June, July, August), March 15*

*Students pay additional summer tuition for courses in these terms.

PROGRAM LEADERSHIP

Faculty Leader Name: Title:

School/College: Department:

Email: Preferred Phone Number:

Are you Interested in receiving [Terra Dotta](#) training? (yearly refreshers encouraged): Yes No

Co-Leader Name (if applicable): Title:

School/College: Department:

Email: Preferred Phone Number:

Are you Interested in receiving [Terra Dotta](#) training? (yearly refreshers encouraged): Yes No

Program Director/Administrator Name (if applicable):

Title:

School/College: Department:

Email: Preferred Phone Number:

Is this individual traveling abroad with the course? Yes No

Are you Interested in receiving [Terra Dotta](#) training? (yearly refreshers encouraged): Yes No

Advising and academic questions about the course should be directed to (check all that apply):

Faculty Program Director/Administrator Other:

Risk management questions about the program should be directed to (check all that apply):

Faculty Program Director/Administrator Other:

PROGRAM LOGISTICS

Has anything changed since you submitted the Intent to Lead Form, including SIS course registration information? Yes No *If yes, please attach an updated Intent to Lead Form.*

Who is facilitating/managing the program in-country?

- Faculty
 Department
 Program Provider (details below)
 Local University (details below)

Partner Name:

Partner Website:

Main Contact Name:

Email: Phone Number:

Have you used this program provider or worked with this institution before? Yes No

The Office of Procurement requires program providers become foreign vendors with the university. This process takes multiple weeks. Please contact the Office of Procurement for more information.

CRISIS MANAGEMENT

What is the [U.S. Department of State's current travel advisory level](#)?

Next-line drop-down: Level 1: Exercise Normal Precautions, Level 2: Exercise Increased Caution, Level 3: Reconsider Travel, Level 4: Do Not Travel

In the event of an emergency, who will support crisis management issues on site?

- Program Provider (information above)
 Contact at local university (information above)
- Other (Please provide name, contact information and affiliation):

Please list the best way to contact the program in case of an emergency abroad:

Main Contact Name:

- WhatsApp:
 Cell Phone:
- Other:

CWRU faculty/staff traveling abroad must fill out [International Travel Registration for Faculty & Staff](#).

CWRU faculty/staff who are U.S. passport holders are required to register their travel with the [Smart Traveler Enrollment Program \(STEP\)](#), a service of the U.S. Department of State.

I agree to complete required International Travel Registration prior to program start date.

Initials

IN-COUNTRY ACCOMMODATIONS

The Office of Education Abroad recommends all students and accompanying faculty/staff stay at the same facilities in order to mitigate the university's risks and provide appropriate program oversight.

If the program is staying at more than four locations, please attach an additional document providing the accommodation information for each location.

Type: (drop-down)

Name:

Phone Number:

Address:

Website:

Dates of Stay:

Type: (drop-down)

Name:

Phone Number:

Address:

Website:

Dates of Stay:

Type: (drop-down)	Type: (drop-down)
Name:	Name:
Phone Number:	Phone Number:
Address:	Address:
Website:	Website:
Dates of Stay:	Dates of Stay:

ITINERARY

Dates abroad cannot conflict with the [Academic Calendar](#). Students must be present for all days of instruction abroad and any pre/post course meetings in order to satisfy contact hour requirements.

Date faculty will arrive in country: Date students must arrive in country:

First day of instruction in country: Last day of instruction in country:

I agree to submit a finalized, detailed itinerary at least two weeks prior to the program start date.

Initials

Location (City, Country)	Dates (Start – End)	

Does the course have pre-departure or post-return course meetings? (select all that apply)
 Yes, pre-departure meeting(s) Yes, post-return meeting(s) No

Please provide planned number and length of meetings (e.g., 3 Saturdays at 4 hours each)

Will all meeting information be available for students to view in SIS? Yes No

All students traveling abroad are required to complete health, safety, and risk management education.

Do you want the Education Abroad Office to provide an additional Health and Safety presentation during a pre-departure course meeting? Yes No

If available, would your group be interested in connecting with CWRU Alumni in country?

Yes No More information requested

BUDGET & FINANCES

The student program fee is an out-of-pocket expense not covered by tuition. All costs associated with faculty-led programs are covered by student program fees and hence are ultimately borne by students. Please be mindful of faculty expenses to help ensure courses are accessible to all.

Total Program Fee per student: \$..... based on attached program [budget sheet](#).

In order to help students budget for costs outside of the program fee, indicate below if each item is included or not included in the program fee. For out-of-pocket costs not covered by the program fee, please provide an estimated out-of-pocket cost to the student in the same row. Information provided here will be published on the program website so students can understand their out-of-pocket costs.

	Included	Not Included	Estimated out-of-pocket cost to student (\$)
Flights			
In-Country Accommodations			
Breakfast <small>Select approximate percentage</small>			
Lunch <small>Select approximate percentage</small>			
Dinner <small>Select approximate percentage</small>			
In-Country Transportation			
Fees for Mandatory Course Activities [‡]			
Fees for Optional Course Activities [‡]			
Additional Spending Money			

[‡]Fees for course activities include admission fees, fees for tour guides, cultural site visits, etc.

Notes:

Are visas needed to enter this country? (Please see [CWRU's International Travel Resources page.](#))

For domestic students? Yes No

For [international students](#)? Yes No

Name of Dept. Assistant or Finance Manager (to be copied on journals):

Email: Speedtype to journal program fees:

MARKETING

Program Description: Please provide 1-3 paragraphs about your study abroad course to appear on the application portal, digital brochure, and outside marketing materials. Please highlight potential site visits and guest speakers. If possible, provide websites so that information can be hyper-linked. If no information is provided, we will copy from the course description in the General Bulletin.

Please upload 2-4 high resolution photos. *Name photos using the following style: UNIV 100 photo #.*
Below please provide a description of the photos for text reader accessibility.

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FINAL INSTRUCTIONS

This form and the budget must be approved and signed by both the Department Chair and Dean's Office before students can begin to apply to the program. Submit all signed forms and relevant documents, including the budget and signed Faculty-Led Agreement Form to Valerie Rambin (var26@case.edu) or [by Box upload](#).

Students will only be able to apply to programs with signed and complete program proposals, budget, and approval forms.

REVIEW AND APPROVALS

Faculty Leader Signature: Date:

Name of Faculty Leader:

Co-Leader Signature: Date:

Name of Co-Leader:

Department Chair Signature: Date:

Name of Department Chair:

Dean Signature: Date:

Name of Dean:

TIMELINE					
Program Travel	Intent to Lead Form	Program Proposal Form	Program Recruitment	Application Deadline	Instruction Term
Winter Break[†] 1.5–2 weeks	March 1	April 1	April–September	Early September	Fall Semester
Spring Break[†] 1 week	July 1	August 1	September–January	Late January	Spring Semester
Spring (May Abroad)[†] 1–2 weeks	July 1	August 1	September–January	Late January	Spring Semester
Summer (May Session)* 3 weeks	October 1	November 1	November–March	Mid-March	Summer Term
Summer* 3–4 weeks	October 1	November 1	November–March	Mid-March	Summer Term

[†]Courses in these terms must have pre-departure and post-return class meetings.

*Students pay additional summer tuition for courses in these terms.