Faculty-Led Study Abroad Program Form
Pre-determined Roster
Academic Year 2025-26

The Faculty-Led Study Abroad Program Form is required for all CWRU credit-bearing, faculty-led study abroad courses with a predetermined roster. This form and the Faculty-Led Agreement Form must be received by the Office of Education Abroad at least six weeks before the program start date. Students cannot register their travel for the program until this process has been completed. All completed forms should be submitted to Valerie Rambin (var26@case.edu).

If you have any questions, contact Valerie Rambin at the Office of Education Abroad.

PROGRAM BASICS

Program Name: ....

City, Country: ....

Start Date: .... **End Date:** ....

Is this a new or recurring program? ◯ New   ◯ Recurring, Last Ran: ....

PROGRAM LEADERSHIP

Faculty/Staff Traveling Abroad: ....

Title: .... **Department:** ....

Email: .... **Preferred Phone Number:** ....

Have you ever taken students abroad on a university-sponsored program?   ◯ Yes   ◯ No

Are you interested in receiving Terra Dotta training? (yearly refreshers encouraged)**:**   ◯ Yes   ◯ No

---

Faculty/Staff Traveling Abroad (if applicable)**:** ....

Title: .... **Department:** ....

Email: .... **Preferred Phone Number:** ....

Have you ever taken students abroad on a university-sponsored program?   ◯ Yes   ◯ No

Are you interested in receiving Terra Dotta training? (yearly refreshers encouraged)**:**   ◯ Yes   ◯ No

---

Program Director/Administrator Name (if applicable)**:** ....

Title: .... **Department:** ....

Email: .... **Preferred Phone Number:** ....

Are you traveling abroad with the program? ◯ Yes   ◯ No

Have you ever taken students abroad on a university-sponsored program?   ◯ 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: ....

think: study abroad

IN-COUNTRY PROGRAM MANAGEMENT (PROGRAM LOGISTICS)

Who is facilitating/managing the program in-country?

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

Partner Name: ....

Partner Website: ....

Main Contact Name: ....

Email: ....　**Phone Number:** ....

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

Procurement and Distribution Services requires program providers become vendors with the university. This process takes multiple weeks. Contact Procurement and Distribution Services 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 (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: ....

CWRU employees traveling abroad must fill out the International Travel Reporting Form. CWRU employees who are U.S. passport holders are encouraged to register their travel with the Smart Traveler Enrollment Program (STEP), a service of the U.S. Department of State.

COURSE INFORMATION

The information below can be found in SIS or with your school's Registrar.

SIS Course Code (e.g. UNIV 100)**:** ....　**Section Number:** ....

SIS Course Title (if different from program name): ....

STUDENT LEARNING (optional)

Research has shown that the following seven components of short-term study abroad experiences have the greatest impact on student learning. **Identify, which of any, your program utilizes.**

☐ Service-learning project abroad　　　　　　☐ Homestay

☐ Meetings with experts in the host country　　☐ Interaction with student peers abroad

☐ Research project abroad　　　　　　　　　☐ Co-teaching by host country faculty

☐ Study abroad program embedded in a university course with educational content delivered before, during, and after travel abroad

PROGRAM 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.

think: study abroad

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. _____

<div align="right">Initials</div>

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

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

    For domestic students? ◯ Yes   ◯ No   Cost: _____

    For international students? ◯ Yes   ◯ No   Cost: _____

Interested in connecting with CWRU Alumni in country? ◯ Yes   ◯ No   ◯ More information requested

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 two locations, please attach an additional document providing the accommodation information for each location.

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

REVIEW AND APPROVALS

Faculty/Staff Signature: _____ **Date:** _____

Name of Faculty/Staff: _____

Faculty/Staff Signature: _____ **Date:** _____

Name of Faculty/Staff: _____

Department Chair Signature: _____ **Date:** _____

Name of Department Chair: _____

think: study abroad