### Faculty-Led Study Abroad Program Proposal Form Academic Year 2025-2026 Fall 2025, Spring 2026, Summer 2026

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 Rambin (var26@case.edu).

If you have any questions, contact <u>Valerie Rambin</u> 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. 5	○ Spring Semester (Spring Break), Jan. 23				
🔘 Spring Semester (May Abroad), Jan. 23	$\bigcirc$ 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 <u>Terra Dotta</u> training					
Co-Leader Name (if applicable):	Title:				
School/College:	Department:				
Email:	Preferred Phone Number:				
Are you interested in receiving <u>Terra Dotta</u> training	(yearly refreshers encouraged): OYes ONo				
Program Director/Administrator Name (if applicable):					
Title:					
	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): OYes ONo				
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:				

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):						
Has this course successfully completed the university's course approval process? $\bigcirc$ Yes $\bigcirc$ No						
Min. Enrollment: Max. Enrollment: Number of Credit Hours:						
Who can enroll in this course?						
If department specific, please provide criteria:						
Pre-requisites as listed in SIS:						
Note: all study abroad courses are required to select Instructor Consent Required in SIS.						
Does the course have pre-departure or post-return course meetings? (select all that apply)						
$\Box$ Yes, pre-departure meeting(s) $\Box$ Yes, post-return meeting(s) $\Box$ 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?       OYes       ONo						
IN-COUNTRY PROGRAM MANAGEMENT						
Who is facilitating/managing the program in-country?						
OProgram Provider (details below) OLocal University (details below) OProgram Director OFaculty						
Partner Name:						
Partner Website:						
Main Contact Name:						
Email: Phone Number:						
Have you used this program provider or worked with this institution before? OYes ONo						
Procurement and Distribution Services requires program providers become vendors with the university.						
This process takes multiple weeks. Contact <u>Procurement and Distribution Services</u> 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?						
OProgram Provider (information above) OContact at Local University (information above)						
$\bigcirc$ 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 <u>Smart Traveler</u>						
Enrollment Program (STEP), a service of the U.S. Department of State.						

<i>instruction abroad and any pre/post course meeting</i> Date faculty will arrive in country: [	lendar. Students must be present for all days of						
Date faculty will arrive in country:	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.						
First day of instruction in country:	Date students must arrive in country:						
<i>y</i>	ast day of instruction in country:						
l agree to submit a finalized, detailed itinerary at lea	st two weeks prior to the program start date.						
	Initials						
Location (City, Country)	Dates (Start – End)						
If available, would your group be interested in conne							
Yes   No   More information r	equested						
	COMMODATIONS						
The Office of Education Abroad recommends all stu- same facilities in order to mitigate the university's ri- If the program is staying at more than four locations the accommodation information for each location.	sks and provide appropriate program oversight.						
Type: (drop-down)	Type: (drop-down)						
	Phone Number:						
Address:	Phone Number: Address:						
Address:	Address:						
	Address:						
Website:	Address: Website:						
Website: Dates of Stay:	Address: Website: Dates of Stay:						
Website: Dates of Stay: Type: (drop-down)	Address: Website: Dates of Stay: Type: (drop-down)						
Website: Dates of Stay: Type: (drop-down) Name:	Address: Website: Dates of Stay: Type: (drop-down) Name:						
Website: Dates of Stay: Type: (drop-down) Name: Phone Number:	Address: Website: Dates of Stay: Type: (drop-down) Name: Phone Number:						
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Website: Dates of Stay: Type: (drop-down) Name: Phone Number:	Address: Website: Dates of Stay: Type: (drop-down) Name: Phone Number:						
If the program is staying at more than four locations the accommodation information for each location. Type: (drop-down)	s, please attach an additional document providing Type: (drop-down) Name:						

#### **PROGRAM 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 Select approximate percentage							
Lunch Select approximate percentage							
<b>Dinner</b> Select approximate percentage							
In-Country Transportation							
Fees for Mandatory Course Activities <sup>‡</sup>							
Fees for Optional Course Activities <sup>‡</sup>							
Additional Spending Money							
<sup>‡</sup> Fees for course activities include admission fe	es, fees for tour g	guides, cultural site	e visits, etc.				
Notes:							
Are visas needed to enter this country? (P	lease see <u>CWR</u>	U's Internationa	Travel Resources page.				
For domestic students?	es 🔿 N	o Cost:					
For international students? OY	es 🔿 N	o Cost:					
Name of Dept. Assistant or Finance Mana	<b>ger</b> (to be copied (	on journals) <b>:</b>					
Email:S	peedtype to jou	urnal program fe	es:				
STUDE	NT LEARNIN	G (optional)					
<u>Research has shown</u> that the following seven components of short-term study abroad experiences have the greatest impact on student learning. Identify which, if any, your program utilizes.							
□ Service-learning project abroad	□H	omestay					
$\square$ Meetings with experts in the host count	.ry □In	$\square$ Interaction with student peers abroad					
Research project abroad		$\Box$ Co-teaching by host country faculty					
$\Box$ Study abroad program embedded in a university course with educational content delivered before,							
during, and after travel abroad							

#### **PROGRAM MARKETING**

Program Description: Provide 1-3 paragraphs about your study abroad course to appear on the application portal, digital brochure, and outside marketing materials. Highlight potential site visits and guest speakers. If possible, provide websites so that information can be hyper-linked. If no information is provided, the course description will be copied from the General Bulletin or the marketing materials from earlier instances of the course will be used.

<u>Upload 2-4 high-resolution photos to Box.</u> Name photos using the following style: UNIV 100 photo #. Below, provide a description of the photos for text reader accessibility.

#### **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 (<u>var26@case.edu</u>) or <u>by Box upload</u>.

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	Program	Application	Instruction				
	Lead I of III	Form	Recruitment	Deadline	Term				
Winter Break <sup>†</sup> 1.5-2 weeks	March 1	Form April 1	April- September	Deadline Early September	Term Fall Semester				
			April-	Early					
1.5-2 weeks Spring Break <sup>†</sup>	March 1	April 1	April- September September-	Early September	Fall Semester Spring				
1.5-2 weeks Spring Break <sup>†</sup> 1 week Spring (May Abroad) <sup>†</sup>	March 1 July 1	April 1 August 1	April– September September– January September–	Early September Late January	Fall Semester Spring Semester Spring				

<sup>†</sup>Courses in these terms must have pre-departure and post-return class meetings.

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

Deadlines are established to give students and faculty ample time for the recruitment process. **Program Proposal Forms submitted after the deadline may experience longer delays in brochure updates due to workflow issues.** 

