



Program Leader: _____ Year: _____

Florida Atlantic University Office of International Programs Study Abroad Program Proposal

Please complete all sections of the Study Abroad Program Proposal. This information will be used to obtain approval from Florida Atlantic University for your study abroad program and course offerings. This information will also be used for promotional purposes after the proposal has been fully approved.

I. Program Information

Program Name: _____

Program Leader's Name: _____

List Additional Program Leader(s): _____

College: _____

Destination(s) (country/city): _____

Program Dates (M/D/Y): _____ Duration (in days): _____

Number of Credit Hours: _____ Minimum _____ Maximum

Eligibility Requirements/Prerequisites: _____

Is this an undergraduate or graduate program, or both? _____

Estimated Student Enrollment: _____

Minimum Number of Students Required for Program to Run: _____

Service Learning Component Included: _____ No _____ Yes

II. Approval Signatures

Approval acknowledges that faculty salaries will be supported if required enrollment numbers are met.

Program Leader Signature: _____

Program Leader Name: _____ Date: _____

Department Chair Signature: _____

Department Chair Name: _____ Date: _____

Dean of College Signature: _____

Dean of College Name: _____ Date: _____

Director International Programs Signature: _____

Director International Programs Name: _____ Date: _____

Dean Undergraduate Studies Signature: _____

Dean Undergraduate Studies Name: _____ Date: _____

Provost & Chief Academic Officer Signature: _____

Provost & Chief Academic Officer Name: _____ Date: _____

Program Leader: _____ Year: _____

III. Personal Information (Program Leader)

Indicate the Appropriate Title: _____ Dr. _____ Mr. _____ Ms. _____ Mrs.

Program Leader's Name: _____

Z Number: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Campus Address: _____

Campus Phone Number: _____ Fax: _____

College: _____ Department: _____

List the Other Program Leader(s): _____

IV. Budget Sheet

Click or type in this link www.fau.edu/goabroad/pdf/Budget_sheet_for_SAP_09.xls to go to the budget worksheet.

The application fee/mandatory insurance/ISIC card is:

- \$50 for programs less than 3 weeks
- \$100 for programs that are 3 weeks or longer

V. Planning and Payment Information

Who will be making travel arrangements for your program? (i.e. Flights, room/board, in-country transportation, excursions, etc.)

Program Provider: _____

Travel Agent: _____

Professor: _____

Secretary/Office Assistant: _____

Other: _____

Will there be a host institution abroad who will be responsible for making in-country arrangements for the group and to whom payments will be made?

_____ No _____ Yes

If yes, please provide the name of the host institution and contact information for the person responsible for making program arrangements.

Program Leader: _____ Year: _____

What is the Payment Deadline for the Deposit: _____

What is the Payment Deadline for the Final Payment: _____

What form of Payment is requested?: _____ Check _____ Wire

If Payment is by Check, Who is Check Payable to: _____

If Payment is by Wire, please supply the following:

Name of Company/Person: _____

Address: _____

City: _____ State/Country: _____

Zip Code: _____

Routing Number: _____

IBAN: _____

SWIFT: _____

Account Number: _____

Policy regarding program reconciliation

All program leaders and staff associated with a study abroad program must reconcile their expenses within 30 days of the return date on their airline ticket. All receipts need to be kept, and returned in an orderly manner. Any unspent funds need to be returned to OIP at that time as well. After 30 days program expenses become taxable. _____ Acknowledged

VI. Program Narrative

Briefly describe the rationale for offering the study abroad program.

Briefly describe the requirements, academic terms, and credit hours for each course you plan to offer in this study abroad program. **Attach the tentative syllabus for each course to be offered.**

VIII. Pre-Departure Orientation for your SAP

Provide an outline of the information to be covered at your pre-departure orientation meeting. Items may include, but are not limited to the course syllabus, itinerary, grading, safety, local culture, visas, emergency contacts, meeting points, what to pack, appropriate dress, behavioral expectations, the contingency plan, general information about the country(s) being visited, vaccinations, etc. **Attach additional sheets or a sample packet if needed.**

IX. Faculty Paperwork

All faculty leaders, assistants, and support staff must supply the following information at the time the program proposal is submitted:

- Budget Worksheet
- Program Leader’s Emergency Contact Information and Allergy Form
- Program Leader’s Release & Assumption of Risk Agreement
- Safety and Emergency Plan
- Family/Friends Disclosure Form
- Photocopy of the picture page of your passport

These forms can be found on the OIP website http://www.fau.edu/goabroad/Forms_for_Faculty.php, under faculty forms in the faculty section.