**FACULTY-LED STUDY ABROAD COMPREHENSIVE PROGRAM PROPOSAL**

**FOR PROGRAMS TRAVELING IN 2024**

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**Please watch the** [**Faculty Program Proposal Guide**](https://www.youtube.com/watch?v=faUX-lt9yuc) **before completing this form**

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| **A. PROSPECTIVE PROGRAM DIRECTOR(S)**  ***Program Directors must be full-time faculty or staff. Adjuncts may not serve as Program Directors***  ***1. PRIMARY PROGRAM DIRECTOR***  **Name** (as it appears in passport):enter text  **Department:** enter text  **Department Chair:** enter text  **School/College:** enter text  ***2. CO-DIRECTOR,*** *if applicable*  **Name** (as it appears in passport):enter text  **Department:** enter text  **Department Chair:** enter text  **School/College:** enter text  **3.** Describe **previous experience/familiarity** the prospective Program Director(s) has with the site  enter text  **4.** Has the Prospective Program Director(s) visited **each site** listed in the itinerary? Yes  No  **NOTE:** *A site visit may be required if a prospective Program*  *Director has limited or no experience in the cities and/or sites to be visited.*  **5.** Does the Prospective Program Director(s) speak the **local language?**  Yes  No  If no, how will the Program Director(s) address the language barrier? enter text  **6. Will non-UVU participants accompany this program?** Non-UVU participants include but are not limited to spouses and other accompanying adults or minors.  Yes  No  **If yes**, please list their name, age, & program affiliation: enter text  **B. PROGRAM AND COURSE INFORMATION**  **1. Program title:** enter text  **2. Program locations -** Country(ies) and City(ies)**:** enter text  **3**. **Program description** – Sites, academic objectives, activities, accommodations, interactions with host culture, etc.:  NOTE: *The Office of Education Abroad will use this information for program marketing materials distributed to students.* enter text | **4**. **Official program travel dates**:  NOTE: *Insurance coverage for Program Directors and students will be based on the official dates provided. Please do not list dates for personal travel time before or after the program travel dates. Travel may not start prior to May 5 and may not end after August 11.* enter text  **5**. **Official course dates**:  NOTE: Course dates may differ from travel dates if coursework is done or Canvas access is needed online or on campus before or after travel. Course dates may not start prior to May 5 and may not end after August 11. Please indicate if this course will follow the dates of a first or second summer block: enter text  **6**. **Describe how this program fits into the overall priorities and educational goals of the department, the school/college & UVU**. enter text  **7**. **Please indicate the course(s) that will be offered as well as which faculty (if more than one program director) will teach *each* course:**  NOTE: All Study Abroad courses must be listed in the UVU Course Catalog. Internship courses may not be used for study abroad. PLEASE ATTACH A SAMPLE SYLLABUS OR COURSE OUTLINE FOR EACH COURSE THAT INCLUDES *SITE-SPECIFIC ASSIGNMENTS* FOR YOUR PROPOSED STUDY ABROAD PROGRAM.  enter text  **8**. Please indicate where academic instruction will be  conducted (e.g. foreign university, on-site tours, etc.): enter text  **9**. Courses will be taught by  UVU faculty  Host Faculty.  If host/partner faculty will provide any instruction, please explain how student work will be evaluated/graded and how many contact hours students will have with UVU faculty for each course:  enter text  **C. PROGRAM ITINERARY**  **1.** Please outline the program’s day-to-day activities, class, academic lectures, excursions, side trips, & ‘off’ days. Include transportation methods. You can submit this as a separate attachment if needed. enter text | |
| **D. STUDENT INFORMATION**  **1. Academic requirements:** The Office of Education Abroad will verify that applicants are in good academic, disciplinary, and financial standing with the university. Students must have a minimum GPA of 2.0 unless they get instructor approval. List any higher GPA requirements, major restrictions, language requirements, course pre-requisites, etc. required for this program: enter text  **2. Physical requirements/Disability accommodation:** List any physical requirements not normally required of students on the UVU campus (e.g. significant amount of daily walking on uneven surfaces). List obstacles to accommodations for disabilities (e.g. no wheelchair accessibility, no refrigerators available for medications, substandard sanitation/utilities facilities, etc.) that would typically be available for students on the UVU campus: enter text  **3.** What is the minimum number of **credit hours** a student should enroll in? enter text  **NOTE**: *Faculty compensation is directly tied to the number of credit hours students enroll in.*  **4.** Who is the program designed for and what students do you hope to recruit? Describe the student that would be a good match for this program. (Undergraduate, graduate, specific majors or varied disciplines, students with specific interests and/or experience in specific areas, etc.) enter text  **5. Program application deadline**: *(please select one)*  **\_****\_ December 1 \_****\_ February 1**  **\_****\_ Other**:enter text  **E. IMMIGRATION & IMMUNIZATIONS**  **1.** Are there any visa requirements to the program destination countries for US citizens?[US State Department](https://travel.state.gov/content/travel/en/international-travel.html)  Yes  NoIf yes, please specify:enter text  **2.** How will the visa process be facilitated? (e.g. self, agency, upon arrival at airport, etc.): enter text  **3.** Are any **immunizations** required for entry into the host countries? [Center for Disease Control](https://wwwnc.cdc.gov/travel/destinations/list/)  Yes  No If yes, please explain:enter text | | **F. AIR TRAVEL**  **1.** Please indicate the destination airport, city, & country:  enter text  **2.** How will students travel to the above airport?  \_\_ Individual flights \_\_ Group flight  If a group flight, who will make travel arrangements?  enter text  **G. STUDENT LODGING INFORMATION**  **1.** Indicate the address & contact information for the accommodation where students and program directors will stay on-site. Include the dates of the stay for each overnight location: enter text  **2. Student Housing**  *Indicate the type of housing:*  Is the site  Rural or  Urban  \_\_ Host University dorms \_\_ Home stays  \_ Private apartments \_\_ Commercial hotel  \_\_ NGO/Research Facility \_\_ Youth hostels  \_ Other, *please explain*: enter text  **3.** Describe the students’ housing, how it was selected, & who arranges it. If you have a housing vendor identified, indicate what modes of payment they accept, if they can be paid in advance of the program, & if there are any signed agreements in place: enter text  **4.** Summarize the safety and security measures in place at the program housing. Are there security guards, gate, lockable rooms, fire alarms, smoke detectors?enter text  **5.** If the program directors’ housing will be different from the students’, indicate where you will be staying and how far it is from students’ accommodations. enter text  **6.** How will you and your students get to/from daily program activities? How will the program pay for transportation?  enter text  **7.** Is **internet** available at student housing?  \_\_ Yes \_\_ No  If no, where & how can students access the internet? enter text  **8.** Are **laundry** services available? \_ Yes \_ No  If no, where & how will students do laundry?  enter text  **9.** Are any **meals** provided at the students’ primary lodging? \_\_ Yes \_\_ No  Please explain. enter text |
| **H. SAFETY, SECURITY, & HEALTH**  **1**. Is the proposed region(s) currently under [US Department of State Travel Advisory Level 3 or 4](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html)?  \_Yes \_ No  If yes, please explain: enter text  **2.** Is the proposed region(s) currently under [Center for Disease Control (CDC) Warning Level 3](https://wwwnc.cdc.gov/travel/notices/)?  \_Yes \_ No  If yes, please explain: enter text  **NOTE*:*** *Travel to regions currently under US Department of State Travel Advisory Level 3 or 4 or CDC Warning Level 3**must be approved by the Senior Vice President for Academic Affairs. An Exemption Request for Travel must be submitted for this purpose.*  **3.** Please describe unique **health, safety, or security risks associated with this program.** Explain how the risks will be addressed in the pre-program training & how they will be monitored during the program. **Please keep the following risks in mind:** water safety, crime/criminal activity, transportation, foreseeable reoccurring natural disaster, transmission of local disease, etc. enter text  **4.** Outline how you will respond to a **major emergency** (natural disaster, political unrest, terrorist attack, etc.) as well as a student medical or behavioral emergency.  **Questions to consider:**  - How will students contact the Program Director(s)?  - How will the Program Director contact and account for all participants during an emergency?  - Where will the group go to & convene in the event of an emergency? What if this location has been compromised?  enter text  **5.** For programs in rural sites, summarize the healthcare and emergency services available at your site and estimate how far you will be from the nearest: hospital / healthcare facility, police station, & US Embassy / Consulate and indicate if transportation is readily available to reach these services:  enter text  **6.** How will the university contact you in the event of an emergency? enter text  **6.** Does this program include any of the following?  *Check all that apply.*  **NOTE**: *High-risk activities including but not limited to*  *participation in any professional sport, skin/scuba diving, skydiving, hang gliding, or bungee jumping, etc. may not be covered by insurance and are not permitted.* | | \_ Travel to high altitudes (over 10,000 ft./3,000 m)  \_ Diving  Program activities on water  \_ Contact with environmental hazards  Research  \_ Animal research  Collection of samples  \_ Delivering healthcare  Students as research subjects  \_ Other, *please elaborate:* enter text  **7.** If you have checked any of the above items, please explain the academic necessity for the activity: enter text  **I. PROVIDERS & VENDORS**  **Contractual agreements that require a signature from UVU should be forwarded to the Office of Education Abroad for processing. Faculty may not sign agreements or contracts on behalf of the university.**  **1.** Does this program involve housing providers (including hotels), host universities, tour operators, NGOs, travel agencies, or any other organization that agrees to partner in the delivery & support of the program?  Yes  No  **List the 3 providers with the highest associated costs:**  **A.** Name of agency/vendor: enter text  Description of services: enter text  Does vendor require a signed agreement? enter text  Can be paid in advance? enter text  What methods of payment does vendor accept? enter text  **Attach price quotes or cost estimates from provider if this is a new program.**  **B.** Name of agency/vendor: enter text  Description of services: enter text  Does vendor require a signed agreement? enter text  Can be paid in advance? enter text  What methods of payment does vendor accept? enter text  **Attach price quotes or cost estimates from provider if this is a new program.**  **C.** Name of agency/vendor: enter text  Description of services: enter text  Does vendor require a signed agreement? enter text  Can be paid in advance? enter text  What methods of payment does vendor accept? enter text  **Attach price quotes or cost estimates from provider if this is a new program.**  **Attach additional sheets if any other providers require signed agreements.**  **3.** Does the provider/ host university provide student health **insurance**?  Yes  No  If yes, is the insurance required? \_ Yes \_ No  If yes, please include in the budget.  **4.** Is an on-site safety/cultural **orientation** provided by the host university /provider? \_ Yes  No |

**J. BUDGET INFORMATION: SPENDING PLAN & PROGRAM FINANCES**

This budget will help the Office of Education Abroad determine the program fee and the number of students needed for the program to be financially viable. Please feel free to come in & meet with the Office of Education Abroad for assistance with the budget.

***NOTE***: *The budget should be calculated based on the* ***MINIMUM*** *number of students needed to run the program.*

What is the **minimum number of students** this program will take? enter text

What is the **maximum number of students**? enter text

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| **1. BREAKDOWN OF FACULTY COST**  (faculty cost is typically paid for by students)   |  |  | | --- | --- | | **BUDGET ITEM\*** | **COST & EXPLANATION** | | Flight | $ enter text | | Housing | $ enter text | | [Per Diem](mailto:https://aoprals.state.gov/web920/per_diem.asp) | $ enter text | | In-country transportation | $ enter text | | Excursions | $ enter text | | Visa processing & immigration | $ enter text | | Insurance ($20/week or $65/month) | $ enter text | | Miscellaneous (immunizations, travel to airport, etc.).  Please specify: enter text | $ enter text | | **TOTAL** | $ enter text |   **3. ADDITIONAL STUDENT COSTS**   |  |  | | --- | --- | | **BUDGET ITEM** | **COST & EXPLANATION** | | Tuition ($165/credit hour) Faculty compensation is based on the amount of tuition generated. | $ enter text | | Airfare (if not included in program fee) | $ enter text | | Meals | $ enter text | | Transportation | $ enter text | | Optional side trips | $ enter text | | Visa processing | $ enter text | | Discretionary | $ enter text | | Miscellaneous (immunizations, etc.).  Please specify: enter text | $ enter text | | **TOTAL** | $ enter text |   (not included in the Program Fee) | **2. PROGRAM FEE**   |  |  | | --- | --- | | **BUDGET ITEM** | **COST & EXPLANATION** | | Airfare (if included- if not, list in Table 3) | $ enter text | | Housing | $ enter text | | Meals (those not included with housing) | $ enter text | | Transportation | $ enter text | | Excursions (included as official part of program) | $ enter text | | Insurance ($20/week or $65/month) | $ enter text | | Faculty cost- The total faculty cost (from Table 1) divided by the **MINIMUM** number of students. | $ enter text | | Other, please specify: enter text | $ enter text | | 2% contingency buffer | $ enter text | | **TOTAL**  ***NOTE*:** *This amount is subject to change, pending review by the Office of Education Abroad.* | $ enter text |   **4. TOTAL COST PER STUDENT**   |  |  | | --- | --- | | **BUDGET ITEM** | **COST** | | Office of Education Abroad application fee | $ **75** | | Program fee  (total from Table 2) | $ enter text | | Additional Student Costs (total from Table 3) | $ enter text | | **TOTAL** | $ enter text |   **PROGRAM REVENUE**  List any sources of program funding that subsidize the whole program other than student program fees (i.e. grants, etc.) & indicate the expected amounts: enter text  *NOTE: Individual payments to students must be processed through the Scholarship and Financial Aid Office* |

**K. PROGRAM APPROVALS**



Before submitting this proposal for approval, have you:

* Watched the [Faculty Program Proposal Guide](https://youtu.be/faUX-lt9yuc) in its entirety?
* Created a **syllabus** for *each* course that matches the program’s dates and locations?
* Received **price quotes** from vendors/providers for the 3 largest proposed purchases?
* Double checked the math on your **budget** and used the ***minimum*** number of students the program will take as your baseline?
* Sent a **draft** of your proposal to the Director of Education Abroad to review for accuracy and completeness? (not required, but highly recommended.)

Study Abroad Proposal Submission Instructions:

The proposal is due directly to [studyabroad@uvu.edu](mailto:studyabroad@uvu.edu) no later than **September 4, 2023**.

1. **Submit Proposal**: Email complete proposal, syllabi, and price quotes to [studyabroad@uvu.edu](mailto:studyabroad@uvu.edu) with the subject title: 2024 Study Abroad Proposal. Your email serves as a signature that certifies that you have watched the [Faculty Program Proposal Guide](https://youtu.be/faUX-lt9yuc) in its entirety and have reviewed the [Faculty Program Director Handbook](https://www.uvu.edu/global/faculty/study-abroad.html) and [university policies 251 & 252.](https://www.uvu.edu/policies/manual.html)
2. **Logistic Approval (Office of Education Abroad)**: The Office of Education abroad will review the application for logistical completeness/policy compliance, and will forward complete proposals to the appropriate chairs (for the department of each course listed) and deans for final academic and budgetary approval. Incomplete proposals will be returned to faculty with instructions for resubmission.
3. **Academic Approval (Departments/Colleges)**: The Office of Education Abroad will inform faculty upon chair and dean approval. There is no need for faculty to send proposals directly to department chairs/directors or college deans.

Summer 2024 programs will be announced during the Fall 2023 Study Abroad Expo