

FACULTY LED STUDY ABROAD **PROGRAM PROPOSAL FORM**

INSTRUCTIONS	PROPOSAL CHECKLIST		
Please review the <i>Faculty Led Program Proposal Guidelines</i> before beginning. STEP 1: Complete this form. STEP 2: Add required attachments (syllabus, budget proposal, etc.). STEP 3: Obtain department chair and dean approvals. STEP 4: If approved, deans will submit proposal to CIESA for next steps.	 Approved course(s) Travel dates Pre- and post-travel class dates Preferred classroom location Course syllabus/syllabi (attached) Draft budget (attached) 		
	Chair/dean approval		

PROGRAM INFORMATION

PRIMARY PROGRAM LEADER	DEPARTMENT AND COLLEGE	EMAIL AND PHONE			
SECONDARY PROGRAM LEADER	DESTINATION COUNTRY	PREFERRED PROGRAM PROVIDER(S)		
TRAVEL START AND END DATES	PRE- & POST-TRAVEL CLASS DAYS AND TIMES	PREFERRED CLASSROOM LOCATION	1		
SECONDARY LEADER DESCRIPTION:	U.S.DEPARTMENT OF STATE TRAVEL ADVISORY LEVEL**				
Suffolk full-time faculty Suffolk staff member	 □ 1 Exercise normal precautions □ 2 Exercise increased caution 				
All program decisions should be discussed with your department heads before submitting this	 □ 3 Reconsider travel □ 4 Do not travel 				
program proposal.	Visit the <u>U.S. Department of State website</u> to find to review specific safety information. **Not required for domestic or virtual programs	· · ·			
COURSE TO BE TAUGHT ON THIS PROG	RAM C	OURSE NUMBER CREDIT H	IOURS		

COURSE TO BE TAUGHT ON THIS PROGRAM

THEME OR FOCUS

CAN THIS TRAVEL COURSE COUNT AS AN ELECTIVE FOR ANY OTHER MAJOR? PLEASE LIST THE MAJORS HERE

DEPARTMENT CHAIR NAME	SIGNATURE	APPROVALS	DATE	SU EXTENSION
DEAN NAME	SIGNATURE		DATE	SU EXTENSION

IMPORTANT DATES

Program proposals are due May 15 for the following academic year. RFP Form will be due by June 15 Program budgets must be finalized by August 1st following program approval.

Questions? Please contact us:

617-573-8034 StudyAbroad@suffolk.edu