



Preliminary Proposal: RETURNING Faculty-led Study Abroad Program

(Submit 18-12 months prior to departure)

Submit Proposal to:
Study Abroad Coordinator
Zip 680

Please provide the following information about the program for review by the Study Abroad Advisory Committee. Feedback on this preliminary proposal will assist in program development and completion of the program plan.

Name of faculty submitting proposal: _____

College _____ Department _____ Ext. _____ Zip _____

Name(s) of faculty traveling with the group: _____

Location (city and country) of the program: _____

Program Dates: _____

Is this an existing program? ☐Y ☐N Will the program be offered for academic credit? ☐Y ☐N

Course title: _____ Dept. Prefix _____ Course Number _____

Will this program be offered through RCE (self-support)? ☐Y ☐N

If not self-support, how will you fund the program? ☐State Support ☐Grant ☐Donation ☐Other: _____

Approximate cost per student, including all fees, airfare, room & board: _____

Target number of students to enroll: _____

Target audience (Check all that apply): ☐CSU, Chico Students ☐other students ☐community

Probable majors/minors of target audience: _____

Has the faculty leader personally visited the host country? ☐Y ☐N

If yes, for how long and in what capacity: _____

If no, will the faculty leader visit the site prior to the program? ☐Y ☐N If yes, when? _____

If no, describe how familiarity with the host country will be addressed in the program summary (see below).

Does the faculty leader speak the language of the site/host country? ☐Y ☐N

If no, please describe how issues of language will be addressed in the program summary (see below).

Will this program duplicate any other study abroad programs at CSU, Chico? ☐Y ☐N

If yes, please respond to question #4 below in the program summary submitted with this proposal.

For a complete list of study abroad programs on offer at CSU, Chico, visit: <http://www.csuchico.edu/giis/sa/abroad.html>

Will the program be developed in partnership with a third party study abroad provider? ☐Y ☐N

If yes, please indicate the provider to be used: _____

If no, who will provide administrative support to faculty and students abroad? _____

Please confirm you have discussed this proposal with the following:

- | | |
|--|--|
| <input type="checkbox"/> Department Chair | <input type="checkbox"/> College Dean |
| <input type="checkbox"/> Director of International Education | <input type="checkbox"/> Regional & Continuing Education |
| <input type="checkbox"/> Study Abroad Coordinator | |

Is the host country on the U.S. Department of State Travel Warning List? ☐Y ☐N

For a complete list of countries on the Travel Warning list, visit: <http://travel.state.gov/travel/>

Please provide a program evaluation (of the previous program) which addresses the following points and submit with your proposal.

1. A brief program summary describing the achievements and challenges experienced in the areas of instruction, logistics, budget, health and safety, and student conduct.
2. Recommendations for modifications or improvements to the previously implemented program.
3. An assessment of your department and college's continued support for the program.
4. Student evaluations of the previous year's program.