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

**FOR PROGRAMS TRAVELLING IN 2020**

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**Please watch the** [**Faculty Program Proposal Guide**](https://youtu.be/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  **Title:** enter text  **Department:** enter text  **School/College:** enter text  **Email:** enter text  **Office phone:** enter text  **Cell phone:** enter text  **Mail stop:** enter text  ***2. CO-DIRECTOR,*** *if applicable*  **Name** (as it appears in passport):enter text  **Title:** enter text  **Department:** enter text  **School/College:** enter text  **Email:** enter text  **Office phone:** enter text  **Cell phone:** enter text  **Mail stop:** enter text  **Will the co-director be in-country?** enter text  **3.** Describe **previous experience/familiarity** the Prospective Program Director(s) has with the site, including any partnerships or other connections.  enter text  **4.** Has the Prospective Program Director(s) visited **each city** listed in the itinerary? Yes  No  **5.** Has the Prospective Program Director(s) conducted a  **site visit**?Yes  No  **NOTE:** *If a Prospective Program Director has limited or no*  *experience in the cities to be visited, a site visit is highly recommended.*  **6.** Does the Prospective Program Director(s) speak the **local language?**  Yes  No  If no, how will the language barrier be addressed?  enter text  **B. PROGRAM INFORMATION**  **1.** Is this a **recurring program?** \_ Yes \_ No  If yes, list the dates of the most recent version of this program: enter text | **2. Program title & location(s):** enter text  **3. Official program travel dates:** enter text  **NOTE**: *Insurance coverage will be based on the official dates provided. Please do not list university business without students or personal travel time before or after the program travel dates.*  **4. Will non-UVU participants accompany this program?** Non-UVU participants include but are not limited to spouses, alumni, etc.  Yes  No  **If yes**, please list their name, age, & program affiliation:  enter text  **5.** Please indicate where academic instruction will be  conducted (e.g. foreign university, on-site tours, etc.): enter text  **6. NOTE:** *The following information will be printed on program marketing materials that will be distributed to* ***students****.*  **Describe the proposed program**, site, and academic goals. How does this location in particular provide the best environment for the academic content of the program? How will activities, accommodations, and other interactions with the host culture impact the students’ learning experience?  enter text  **7.** Describe how this program fits into the overall **priorities and educational goals** ofthe department, the school/college & Utah Valley University.enter text  **C. COURSE INFORMATION**  ***All Study Abroad Courses must be listed in the UVU Course Catalog.***  **1.** Please indicate the course(s) that will be offered **as well as which faculty will teach each course** (if more than one program director):  enter text  **2. Official course dates** (including any needed Canvas accessibility or on-campus coursework or assignment submission before and after travel): enter text  **3.** **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  **PLEASE ATTACH A SYLLABUS FOR EACH COURSE.** | |
| **D. STUDENT INFORMATION**  **1. Academic requirements:** GEO 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  **NOTE**: *Group flights booked through the UVU Travel Office may be available at a discounted rate****.*** | | **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. 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 |
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| **I. 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  **J. PROVIDERS & VENDORS**  **Contractual agreements that require a signature from the University should be forwarded to GEO during the Fall semester for timely 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 any price quotes or cost estimates from provider.**  **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 any price quotes or cost estimates from provider.**  **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 any price quotes or cost estimates from provider.**  **Attach additional sheets if any other providers require signed agreements.**  **2.** Are students required to pay host university/ provider fees?  Yes \_ NoIf yes, please include in the budget.  **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 |

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

This budget will help GEO 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 for Global Engagement 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 GEO.* | $ enter text |   **4. TOTAL COST PER STUDENT**   |  |  | | --- | --- | | **BUDGET ITEM** | **COST & EXPLANATION** | | GEO 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* |

**M. 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 Global Academic Programming 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 2, 2019**.

1. **Submit Proposal**: Email complete proposal, syllabi, and price quotes to [studyabroad@uvu.edu](mailto:studyabroad@uvu.edu) with the subject title: 2020 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 (GEO)**: The Office for Global Engagement 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)**: GEO 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 2020 programs will be announced during the Fall 2019 Study Abroad Expo