



International Programs

Faculty-led Study Abroad Program Proposal Cover Form

A complete application packet consists of the following:

- A) Faculty-led Study Abroad Program Proposal Form (This Document)
B) Faculty-led Study Abroad Program Budget Form
C) Clear, realistic and detailed daily itinerary
D) Syllabi of course(s) to be offered on site
E) Program Design Statement

Please submit electronically a complete proposal packet, and details of UNCW courses associated with the program, to your Department Chair for approval. Electronically forward the completed and signed proposal packet to Kara Pike Inman (pikek@uncw.edu) in the Office of International Programs by the submission deadline below.

Instructions for Saving the Proposal Cover Form: DO NOT fill the form out while open in your web browser. Right click and save the empty form to your desktop. Fill it out completely and then save again for electronic submission.

Form containing fields for Program Name, Program will be associated with (Fall, Spring, Summer, Year), Primary Program Leader, Additional Program Leaders, Locations Abroad, Host Institution/University, Dates of Program, Enrollment Estimate, Enrollment Cap, Academic Offerings, and a table for Course Sponsor, Course Prefix & Number, Course Title, Credit Hours, and Instructor.

Do participants have to enroll in all associated courses? Yes No

**Faculty Leader**

By signing below, I verify that I have read the program proposal guidelines, understand my responsibilities associated with this program and will adhere to all UNCW policies and procedures regarding faculty-led study abroad.

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**Chair's Checklist for Approval of Faculty-Led Program Abroad:**

\_\_\_ Syllabus meets with departmental and university standards.

\_\_\_ Course prefix is correct.

\_\_\_ Course number is correct.

\_\_\_ Number of student credit hours is justified based on contact hours. (Contact hours may include supervised experience outside the traditional classroom related to the learning outcomes of the course.)

\_\_\_ If summer salary is requested, amount is justified based on contact hours.

Chair's Approval:

I have read and approve this program.

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**Second Chair's Checklist for Approval of Faculty-Led Program Abroad:** (if classes associated with the program are cross-listed or there are two faculty from two different departments acting as faculty leaders).

\_\_\_ Syllabus meets with departmental and university standards.

\_\_\_ Course prefix is correct.

\_\_\_ Course number is correct.

\_\_\_ Number of student credit hours is justified based on contact hours. (Contact hours may include supervised experience outside the traditional classroom related to the learning outcomes of the course.)

\_\_\_ If summer salary is requested, amount is justified based on contact hours.

Chair's Approval:

I have read and approve this program.

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date