

Please include a syllabus if available. If not submitted with this submission, it will be requested later.

Faculty Name: _____

E-mail Address: _____ Phone #: _____

Academic Department: _____ Academic Division: _____

Faculty Partner Name(s) (if applicable): _____

Program Location: _____

The Office of International Education at Fitchburg State University works closely with a number of study abroad providers (IEOs) to support our faculty-led programs. This support includes liability, on-the-ground logistics, and crisis and risk management. Each program will have an on-site director that will be your contact in country. The on-site director is there to help make this program a success for you and the students, and will work in tandem with you to satisfy this goal.

Proposed Course (27 characters or fewer): _____ Number of Credits: _____

Course Number (if an existing course): _____ The course will be scheduled through: ☐ GCE ☐ Day

The course will be taught as: ☐ Part of day load ☐ Overload

Study Abroad Program Length: _____ Start Date: _____ End Date: _____

Course Length (if different from program): _____ Start Date: _____ End Date: _____

Reoccurrence/Rotation (If you are proposing a recurring program, please indicate the potential rotation and the student advantages of this rotation.): _____

Program Description, Educational Objectives and Outcomes (Please describe the program goals, purpose and potential activities that would facilitate a meaningful cross-cultural experience for students, faculty and the host community.):

Travel/Leading Experience (Briefly describe your previous travel experience and experience leading student groups abroad):

If any of the trips you led were through **Fitchburg State** please give an overview of that program and include the number of students who participated:

Language Please describe your **level of proficiency** in the **Principal Language** of the Program Location:

If the course will be **conducted in English**, explain how you would maximize students' integration to the local language/culture?

Enrollment Is the course **Open to all Majors?** ☐ Yes ☐ No
(If not open, which student populations would be eligible to participate?):

Will this course satisfy a **Liberal Arts and Sciences** requirement? ☐ Yes ☐ No

Will the program be open to **students** from **other universities**? ☐ Yes ☐ No

Will the program be open to both **undergraduate** and **graduate students**? ☐ Yes ☐ No

Additional Information Please list anything you would like to include about this program.

Signatures

Signatures below indicate approval of this proposal.

Department Head

Name typed/printed: _____

Department Head Signature: _____ Date: _____

Dean

Name typed/printed: _____

Dean Signature: _____ Date: _____

Director of International Ed.

Name typed/printed: _____

Director of International Ed.
Signature: _____ Date: _____

Associate VP Academic Affairs

Name typed/printed: _____

Assoc. VP Academic Affairs
Signature: _____ Date: _____