FITCHBURG STATE UNIVERSITY

FACULTY-LED STUDY ABROAD PROPOSAL

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

| Faculty Name: | | | |
|---|--|--|--|
| E-mail Address: | | | |
| Academic Department: | | | |
| Faculty Partner Name(s) (if applicable): | | | |
| Program Location: | | | |
| The Office of International Education at Fitchburg State support our faculty-led programs. This support includes will have an on-site director that will be your contact in a and the students, and will work in tandem with you to se | s liability, on-the-ground logistics, and o country. The on-site director is there to | crisis and risk management. Each program | |
| Proposed Course (27 characters max): | | No. of Credits: | |
| Course Number (if an existing course): | The course will be sch | eduled through: OSGOCE ODay | |
| The course will be taught as: OPart of day load | Overload | | |
| Study Abroad Program Length: | Start Date: | End Date: | |
| Course Length (if different from program): | Start Date: | End Date: | |
| Reoccurrence/Rotation Faculty-led programs run every other year. All proposals will | go through the approval process. Please i | | |

you or a different faculty-member will participate, the specific year and the student advantages of this rotation. Rotation can be considered every other year or less frequently. We ask that faculty collaborate within their departments on study abroad schedules so that no programs are competing within the same year. Please also note any potential changes to future programming here:

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.):

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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? | |
|------------|---|--|
| | (If not open, which student populations would be eligible to participate?): | |

⊖Yes ⊖No

| 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 |

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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: |
| | Print Services INT studyabroadproposal 28902 5/21 |