

The University of North Carolina at Asheville
 Study Abroad
 28 Ramsey Library
studyabroad.unca.edu

Short-term Study Abroad Program Proposal _____ (date)

Thank you for your interest in leading a UNCA study abroad program. Please submit your proposal to the Assistant Director of Study Abroad, once you have obtained the signature of your Department Chair and Department Chair/Program Director Curriculum Approval. The proposal will be reviewed by the International Programs Advisory Council (IPAC) and the Senior Director of Student Success before obtaining final approval by the Provost.

If this is a proposal for a new program, it is recommended that the sections for General Information and Program Description (I.a.) be completed and discussed with the Assistant Director of Study Abroad prior to the completion of the entire proposal form.

General Information				
Is this a REPEAT program proposal or a NEW program proposal?				
Program Name				
Personnel	PROGRAM DIRECTOR		ASSISTANT (if applicable)	
Names	Last:	First:	Last:	First:
Department				
Phone Numbers	Office:	Home:	Office:	Home:
Email address				
Campus Address				
Proposed Destination	Country/Countries:			
Program Session	Academic term:			
Duration/Dates	Weeks:		Approximate dates:	

I. PROGRAMMATIC FOCUS (Academic course content to be approved by the appropriate Department Chair/Program Director)

A. PROGRAM DESCRIPTION
Please include a description of the program which should include academic goals and objectives, integration of site to learning objectives, and your personal reasons for directing the program. Explain the course content for each proposed course and rationale for linking course content to the site abroad.

B. COURSE INFORMATION				
Will students enroll at a foreign institution on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name(s) of host institution (s):				
Will you use a vendor or company to facilitate in-country logistics? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of company*: <small>*Please note that all contracts with vendors need to be reviewed, signed and approved by the Director of the Study Abroad Office, Assistant Provost for Academic Administration and the Provost.</small>				
Proposed course (s) to be taught:				
Course title	Course Number	Credit Hours	Required Course? (Y/N)	Instructor
<u>For Repeat program Proposals only:</u> The courses offered were approved in previous proposal documents: <input type="checkbox"/> Yes <input type="checkbox"/> No The program offers new courses approved by the Dept. Chair: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a language requirement for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? If no, please describe how students will handle basic language needs in the country:				
Is there a research or internship component associated with this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the component and if IRB approval is needed:				
Is there a community service or service-learning component associated with this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: How many days and hours (total) will be dedicated to this project? Describe the project(s) the students can participate on: How will these projects benefit students' learning objectives and the host community? If awarded funding from UNC Asheville, how will students share their experiences with the greater UNCA community upon return?				
Please include your syllabus with this proposal.				

II. MISSION, PURPOSE AND GOALS

What are the program’s learning and skills objectives?
Describe the rationale for proposing this particular program and location. a. How does it relate to the broader mission of UNC Asheville? b. What special advantages does this location offer to this program? c. What learning objectives are uniquely met in this program?
What are the goals for student personal development and how will they be met?
How will the program foster cultural sensitivity among students?

III. PERSONNEL QUALIFICATIONS

A. PROGRAM LEADER QUALIFICATIONS (Please provide only if you are a new program leader)
Describe your personal international travel experience, in general, and specifically your international travel and teaching experience with student groups.
Describe your travel experience in the proposed program location(s).
If you have not traveled to the proposed host country, how do you plan to acquire information and ideas to maximize the potential for preparing the course material in the foreign country?
B. ASSISTANT LEADER QUALIFICATIONS (if applicable and ONLY if you are a new asst. leader)
Describe your personal international travel experience, in general, and specifically your international travel and teaching experience with student groups.
Describe your travel experience in the proposed program location(s).
If you have not traveled to the proposed host country, how do you plan to acquire information and ideas to maximize the potential for preparing the course material in the foreign country?
C. LOCAL ARRANGEMENTS COORDINATOR OR COMPANY QUALIFICATIONS (only if new)

IV. PROGRAM VIABILITY

A. ENROLLMENT INFORMATION			
Number of students:	Optimum:	Minimum:	Maximum:
B. LOGISTICAL ARRANGEMENTS			
Hotel(s)			
Student Resident Halls:			
Home Stay Family Arrangements:	Please specify family selection criteria and who made arrangements		
Classroom arrangements:			

C. PROGRAM LOCATION SAFETY ASSESSMENT

I have checked the U.S. Department of State’s website section “International Travel” for security/safety concerns regarding the proposed destination(s) at the web address <http://travel.state.gov>.

Yes No

Is any program location under a State Department Travel Advisory? Yes No

If yes, what level? Level 1 Level 2 Level 3 Level 4

Please address the following items as they relate to the safety of the program and your students

1. Program’s Location(s), Housing and Meals:

- Please address any potential security/safety concerns about the countries/towns/general locations proposed for your program.
- Please address any potential safety concerns with the living arrangements and study locations. Also discuss any locations near the program site that are considered unsafe where students will not be allowed to go.
- Please discuss any potential concerns related to the safety of group meals, individual meals, clean water, etc...

2. Transportation:

- Arrival: When students arrive at the local or international airport, will they be transported as a group to the program site? If they travel independently, please address how you will plan their safe travel to the program site.
- Program Travel: Please list the transportation planned for all in-country travel. Will students be using public transportation? How safe is the public transportation infrastructure? Will chartered buses be used, and how have you ensured high quality with regard to safety?
- Driving: It is not recommended that UNC Asheville employees drive for students. If this is necessary in your program please list who will be driving. Please note that UNC Asheville students are NOT allowed to drive for other students unless they are under contract with the university and their driving records have been checked.
- Overnight Road Travel: Many of the most serious accidents on study abroad programs have occurred during road travel at night. Please explain if you need to use overnight road travel.

3. Medical Issues:

Site-related medical issues: Please specify any immunization requirements and health concerns related to your program site(s) and how you plan to address them. Also, is the cost related to those issues included in the program cost to students, or will students have to pay out of pocket? Please consult the U.S. Department of State’s website for potential health issues at <http://travel.state.gov> under the International Travel ‘Your Health Abroad’ section as and the “Travelers’ Health” section of the Centers for Disease Control and Prevention website <http://www.cdc.gov>.

Is any program location under a CDC Advisory (check website under ‘Travel Notices’ section)? Yes No

If yes, what level? Level 1 Level 2 Level 3

Student medical fitness: Are there any specific fitness requirements your students need to meet for successfully completing your program? If so, what measures have you taken to ensure that the students meet those

requirements (screening procedures with UNC Asheville’s Health Services, health forms, etc...)?

Medical facilities: Please describe the types, location(s) and quality of medical facilities near your program site(s). Please note that the Study Abroad Office can assist you later on with the location of English-speaking medical staff linked to our GeoBlue Insurance Services.

V. DURATION AND ITINERARY

A. ITINERARY

As your itinerary may still be work in progress, a **general outline will be sufficient at this time** with the proposal form. Please provide to the Study Abroad Office a daily itinerary about three weeks prior to departure.

B. UNOFFICIAL TRAVELERS

It is recommended that all participants in a UNC Asheville Study Abroad experience, both leaders and students, be either degree-seeking students enrolled at UNC Asheville or another university, or employees of UNC Asheville who are leading the programs. Effective August 1, 2012, all participants in a Study Abroad experience, both leaders and students must be degree-seeking students enrolled at UNC Asheville or another university, or employees of UNC Asheville who are leading the programs. Exceptions to this policy will require the approval of the Provost’s staff.

VI. PROGRAM BUDGET

If this is your first time working on a program budget we highly recommend that you consult with the Study Abroad staff initially. The budget is assumed to be a best estimate at the time it is drawn up, but please keep in mind that once the program cost is approved and advertised to the students, it will be very difficult to revise your program cost.

Please use the excel budget worksheet on Faculty Website to fill out your budget and attach it to this proposal.

VII. APPROVALS

PROGRAM DIRECTOR and DEPARTMENT CHAIR	
If the program is approved I agree to abide by the regulations and procedures of the Study Abroad Office as they are described in the Program Director Handbook for Faculty-led Study Abroad Programs.	
Name of Program Director:	
Signature of Program Director:	
Date:	
PROGRAM DIRECTOR'S DEPARTMENT CHAIR APPROVAL	
I support and approve of his/her leadership role as described in this Study Abroad proposal. <i>If the program's curricular offerings are from the faculty member's home department, the Chair must also complete the Curricular Approval.</i>	
Name of Department Chair:	
Signature of Department Chair:	
Date:	
CURRICULUM APPROVAL - DEPARTMENT CHAIR/PROGRAM DIRECTOR	
I have checked and approved the academic sections of this proposal as outlined in sections I and II of this document. I have reviewed the course syllabus and approve its relevant to the department goals. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Name of Department Chair/Program Director:	
Signature of Department Chair/Program Director:	
Date:	
I have checked and approved the academic and personnel sections of this proposal as outlined in sections I and II of this document. I have reviewed the course syllabus and approve its relevant to the department goals. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Name of Department Chair/Program Director <i>(if more than one Department):</i>	
Signature of Department Chair/Program Director <i>(if more than one Department):</i>	
Date:	
I have checked and approved the academic sections of this proposal as outlined in sections I and II of this document. I have reviewed the course syllabus and approve its relevant to the department goals. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Name of Department Chair/Program Director <i>(if more than one Department):</i>	
Signature of Department Chair/Program Director <i>(if more than one Department):</i>	
Date:	
STUDY ABROAD DIRECTOR/ASST. PROVOST, ACADEMIC ADMINISTRATION	
I have checked and approved the budget, travel and safety to ensure compliance with our standards <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Study Abroad Director:	
Signature of Study Abroad Director:	
Date:	
SENIOR DIRECTOR OF STUDENT SUCCESS	
I have checked and approved the course offerings, budget, travel and safety to ensure compliance with our standards <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Senior Director of Student Success:	
Signature of Senior Director of Student Success:	
Date:	

CHAIR OF INTERNATIONAL PROGRAMS ADVISORY COMMITTEE

I have reviewed and approve the program proposal to ensure that it is relevant to the mission of International Programs and sign with consent of IPAC.

Yes No

Comments:

Name of IPAC Chair:

Signature of IPAC Chair:

Date:

**Please return this proposal to the Study Abroad office
for submission to the Provost for final approval.**

**Study Abroad
Ramsey Library 028**

UNC ASHEVILLE PROVOST

I have reviewed the proposal and approve the program and its relevance to the mission if UNC Asheville.

Yes No

Comments:

Provost:

Signature of Provost:

Date: