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Faculty-Led Program Abroad Proposal Form

Directions: Submit this form with all required supporting documents to your Chairperson and Dean. After signatures have been obtained, submit the proposal and supporting documents to **Devika Milner** at studyabroad@miami.edu. For more information, call 305-284-3434.

Submission Deadline: September 15, 2018 for 2019 January Intersession, Spring Break, and Summer programs. Late and/or incomplete proposals will not be accepted.

PART I: FACULTY INFORMATION

Faculty Director Name and Title: _____

Co-Faculty Name and Title: _____

School/College and Department: _____

School/College and Department: _____

Phone _____

Email _____

Phone _____

Email _____

PART II: PROGRAM INFORMATION

This program will be offered ([select one](#)): January Intersession Spring Break Summer A Summer B Summer C

Program Name as it will appear in advertisements: _____

Program Location(s): _____

Exact Program Dates: _____ Faculty Travel Dates: _____

Course Code(s): _____ Number(s): _____ Section: SAP Number of Credits: ___ Level (U or G): _____

If this program will offer course equivalencies in different departments, approvals should be obtained in writing by the Faculty Director from all relevant Department Chairs and Deans.

In general, a minimum of 7 students is required to offer a program. In some cases a higher minimum is required depending on budgetary details.

PLEASE USE ADDITIONAL PAGES TO ANSWER THE FOLLOWING

- A. Do the course offerings have any requisites or prerequisites?** Explain.
- B. What is the course content?** Discuss the course outline and address how the course will integrate the overseas location(s). State the targeted academic and cultural learning outcomes of the course.
- C. Attach a 2-5 sentence description of the program.** This will be used in promotional materials and on our website.
- D. Attach a copy of the course syllabus.** The syllabus should address the required readings, educational activities, and culturally orienting activities.
- E. Attach course budget.** The budget planning form is available at http://www.miami.edu/index.php/study_abroad/faculty
- F. Attach a detailed program itinerary.** Describe the logistics of the program, including the accommodations, cultural excursions, transportation, third party services, need for contracts with vendors, and support staff responsibilities. A final version is required prior to departure.
- G. Justify additional personnel.** If you have included a Program Assistant, please address their specific responsibilities before, during, and following the program in detail. If there will be a second professor co-teaching this course, please justify if full pay for both professors is being requested.
- H. If you did not lead a program in 2018,** please provide a brief biography and list any prior off-campus teaching experiences (if any), experience in the proposed location(s), and budgetary and crisis management experience.

PART III: SIGNATURES

Faculty Director and Co-Faculty: Please check off each statement below to indicate your acceptance of these requirements.

- 1. I will abide by the deadlines for UM Courses Abroad and understand that my course abroad may be cancelled due to unforeseeable events (e.g. weather, political unrest, etc.) or if the minimum enrollment is not met
 Faculty Director Co-Faculty
- 2. I have read and will abide by the *Guide for Developing Programs* and the *Electronic Travel & Business Expense Reimbursement Policy (e-BERF)*.
 Faculty Director Co-Faculty
- 3. I attest that I am willing and able to lead this course abroad and take responsibility through the course completion.
 Faculty Director Co-Faculty
- 4. In the event that I am unable to complete a course that is in progress, I agree to assist the School/College in finding and selecting a replacement Faculty Director.
 Faculty Director Co-Faculty
- 5. I attest that if I make any change to the program I will inform the Study Abroad office of that change and also inform all applicants, especially if the change modifies the itinerary, dates or costs.
 Faculty Director Co-Faculty
- 6. I attest that any program changes (e.g. logistics, fees, dates) will be made before the program application deadline.
 Faculty Director Co-Faculty
- 7. I understand if the program is approved, that reviewing the *UM Program Abroad Operations Guide* and attending the in-person *Faculty-led Programs Workshop* is mandatory in order for me to lead a course abroad.
 Faculty Director Co-Faculty
- 8. I understand it is my responsibility to communicate to student applicants who withdraw from the program that they will forfeit the \$500 deposit and any non-recoverable costs including program fees incurred on their behalf.
 Faculty Director Co-Faculty
- 9. I understand that UM requires me to reconcile my travel expenses within ten (10) days after my return. If I fail to reconcile my expenses within a month of my return I will not be permitted to take a travel advance for a future program. Furthermore, unreconciled expenses may be taken from my paycheck.
 Faculty Director Co-Faculty

Faculty Director Signature: _____ **Date:** _____

Co-Faculty Signature: _____ **Date:** _____

Department Chair: By signing below, I attest that this course abroad proposal meets the stated academic and cultural outcomes, as well as the scholastic standards of the department required for the award of stated course credit as determined by the faculty. I attest that I have received and reviewed the attached course syllabus. I further attest that there are no conflicts of commitment that would preclude the Faculty Director from leading this course during the time proposed.

Signature: _____ **Print Name:** _____ **Date:** _____

If providing students with a Course Equivalency in another department, complete this section. (Copy form as needed)

Course Code(s): _____ Number(s): _____ Section: SAP Number of Credits: __ Level (U or G): _____

Second Department Chair: By signing below, I attest that this course abroad proposal meets the stated academic and cultural outcomes, as well as the scholastic standards of the department required for the award of stated course credit as determined by the faculty. I attest that I have received and reviewed the attached course syllabus.

Signature: _____ **Print Name:** _____ **Date:** _____

Dean: By signing below, I attest that this course abroad proposal meets its stated academic and cultural outcomes, and I approve its listing. I further approve and endorse the Faculty Director being assigned to lead this course abroad as described herein. I concur with the Department Chair's assessment of the academic merit of the course.

Signature: _____ **Print Name:** _____ **Date:** _____

For Study Abroad Office use only. This program is...

- APPROVED**
- DENIED**
- MORE INFORMATION REQUESTED**