



## CPP FACULTY-LED STUDY ABROAD PROGRAM PROPOSAL FORM

- NEW PROPOSAL  RENEWAL
- SUMMER/FALL PROGRAMS (SUBMISSION DEADLINE: 14 MONTHS PRIOR TO TRAVEL)
- WINTER/SPRING PROGRAMS (SUBMISSION DEADLINE: 14 MONTHS PRIOR TO TRAVEL)

### FACULTY INFORMATION

FACULTY NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

HAS THE LEAD FACULTY RUN A STUDY ABROAD PROGRAM BEFORE?  YES  NO

DOES THE LEAD FACULTY HAVE ANY ON-SITE EXPERIENCE IN THE HOST COUNTRY(IES)?  YES  NO

IF YES, TO WHAT EXTENT? \_\_\_\_\_

DOES THE LEAD FACULTY SPEAK THE HOST COUNTRY'S LANGUAGE?  YES  NO  N/A

DOES THE PROPOSED PROGRAM REQUIRE ADDITIONAL FACULTY OR STAFF?

YES  NO  DEPENDS ON ENROLLMENT

ADDITIONAL FACULTY/STAFF NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL FACULTY/STAFF NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PROGRAM DETAILS

PROGRAM NAME/TITLE: \_\_\_\_\_

PROGRAM LOCATION COUNTRY(IES): \_\_\_\_\_

CITY(IES): \_\_\_\_\_

ALL TRAVEL TO HIGH-HAZARD AREAS OR COUNTRIES MUST BE APPROVED BY THE PROVOST/VICE PRESIDENT OF THE RESPECTIVE DIVISION, IN CONSULTATION WITH THE PRESIDENT. COUNTRIES DESIGNATED AS "WAR RISK" MUST BE REVIEWED BY THE CHANCELLOR'S OFFICE. IS THE PROGRAM LOCATION CURRENTLY LISTED ON [THE CSURMA HIGH-HAZARD LIST](#)?  YES  NO

ACCORDING TO EO 1081, ALL INTERNATIONAL ACTIVITIES SHALL NOT OPERATE IN COUNTRIES WHERE THERE IS A U.S. STATE DEPARTMENT "TRAVEL ADVISORY" ABOVE LEVEL TWO, UNLESS AN EXCEPTION IS GRANTED IN WRITING BY THE CAMPUS PRESIDENT OR THE CHANCELLOR. IS THE PROPOSED PROGRAM LOCATION ABOVE LEVEL TWO ON [U.S. STATE DEPARTMENT TRAVEL ADVISORIES](#)?  YES  NO

ADDITIONAL RESOURCES TO REVIEW: [CENTERS FOR DISEASE CONTROL AND PREVENTION TRAVELERS HEALTH](#)  
[UNIVERSITY ACCOUNTING SERVICES - INTERNATIONAL TRAVEL](#)



PROPOSED PROGRAM LENGTH: \_\_\_\_\_ WEEKS \_\_\_\_\_ SEMESTER

PROGRAM START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ (PLEASE ATTACH TRAVEL ITENARY)

ANTICIPATED STUDENT ENROLLMENT: MINIMUM \_\_\_\_\_ MAXIMUM \_\_\_\_\_

ESTIMATED TOTAL PROGRAM COST: \_\_\_\_\_ ESTIMATED PROGRAM COST PER STUDENT: \_\_\_\_\_

DOES THIS PROGRAM HAVE ADDITIONAL FUNDING OR SUPPORT?

YES  NO (IF YES, PLEASE ATTACH FUNDING DETAILS)

FUNDING SOURCE(S): \_\_\_\_\_ FUNDING AMOUNT: \_\_\_\_\_

**PROPOSED PROGRAM DESCRIPTION**

**COURSE DETAILS**

CPP COURSE TITLE: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_ COURSE TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_

COURSE CREDIT(S): \_\_\_\_\_ CONTACT HOURS: \_\_\_\_\_ (PLEASE ATTACH COURSE SYLLABUS)

STUDENT MINIMUM GPA REQUIREMENT: \_\_\_\_\_

IS THERE A STUDENT CLASS LEVEL REQUIREMENT?  YES  NO

CLASS LEVEL: \_\_\_\_\_

DOES THIS COURSE REQUIRE A PREREQUISITE?  YES  NO



PREREQUISITE COURSE TITLE(S) AND NUMBERS: \_\_\_\_\_

\_\_\_\_\_

WILL THIS PROGRAM BE OPEN TO ALL MAJORS?  YES  NO

MAJOR (S): \_\_\_\_\_

WILL THIS PROGRAM FULFILL ANY GE REQUIREMENTS:  YES  NO

GE AREA(S): \_\_\_\_\_

### PARTNER INSTITUTION OR PROVIDER INFORMATION

PARTNER INSTITUTION/PROVIDER NAME: \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOES THIS INSTITUTION/PROVIDER HAVE AN ACTIVE AGREEMENT WITH CPP?  YES  NO

PLEASE INDICATE THE SERVICES THIS INSTITUTION/PROVIDER WILL BE OFFERING:

GROUP AIRFARE  AIRPORT PICK-UP/DROP-OFF  OTHER GROUND TRANSPORTATION  MEALS

CLASSROOM/LECTURE SPACE  MEETING SPACE  GUEST LECTURER

ACCOMMODATIONS AND OCCUPANCY LIMIT PER ROOM (DORMS/APARTMENTS/HOMESTAYS/HOST FAMILIES) PLEASE SPECIFY: \_\_\_\_\_

\_\_\_\_\_

EXCURSIONS  GUIDE  TRANSPORTATION PASSES  TICKETS

OTHER SERVICES: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A QUOTE FROM THIS INSTITUTION/PROVIDER?

YES  NO  N/A (IF YES, PLEASE ATTACH QUOTE)

**CHECKLIST**

<b>PRE-DEPARTURE</b>	
<input type="checkbox"/>	Confirm that you have the support of your department and college and schedule a meeting with the Office of Study Abroad (OSA).
<input type="checkbox"/>	Review CSURMA High Hazardous & War Risk Country List, U.S. Department of Travel Website for travel advisories (EO 1081), and CPP Faculty-Led Study Abroad Program Manual.
<input type="checkbox"/>	Submit the completed CPP Faculty-Led Credit Study Abroad Program Proposal Form to OSA and schedule a meeting for faculty training.
<input type="checkbox"/>	Prepare an International Travel Request Memo to the Provost and request travel in Concur upon approval. A travel request must be submitted and approved in Concur prior to booking any travel arrangements.
<input type="checkbox"/>	Attend a mandatory faculty country-specific training and prepare an Emergency Management-Communication Plan (EMCP) for the proposed study abroad program.
<input type="checkbox"/>	Recruit participants and review program applications; accept qualified applicants in Terra Dotta.
<input type="checkbox"/>	Submit a partner institution or provider billing timeline and student payment schedule to the budget analyst at the International Center.
<input type="checkbox"/>	Submit the final itinerary, budget, and EMCP to OSA and verify all program participants' signed submissions of the Code of Conduct, Health & Safety, Release of Liability, Drug Use, and Withdrawal Policy forms.
<input type="checkbox"/>	Obtain insurance certificates; all faculty, staff, and students who travel internationally on CSU business are required to use the Foreign Travel Insurance Program (FTIP) via CSURMA and report their trips as soon as practical, but no less than 30 days prior to departure (RM2014-01).
<input type="checkbox"/>	Schedule a mandatory pre-departure orientation for all program participants and register for the Smart Traveler Enrollment Program (STEP).
<b>ON-SITE</b>	
<input type="checkbox"/>	Conduct a mandatory on-site orientation for all program participants on travel safety, security, and the EMCP communication plan upon arrival.
<input type="checkbox"/>	Maintain communication with OSA on program progress and report any incidents, if applicable.
<input type="checkbox"/>	Document all receipts for expense report reconciliation at the end of the program.
<b>POST-PROGRAM</b>	
<input type="checkbox"/>	If applicable, ensure students traveling independently after the program end date have provided their extended stay itinerary, personal contact information, and any changes in their emergency contacts (RM 2011-02); submit the Student Independent International Travel document to OSA.
<input type="checkbox"/>	Submit all program documentation (participant attendance, incident report, etc.) to OSA.
<input type="checkbox"/>	Submit all travel expenses in Concur and reconcile all program accounts.
<input type="checkbox"/>	Evaluate the program and solicit student feedback on program quality and learning outcomes.



**FACULTY**

NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

**ADDITIONAL FACULTY/STAFF**

NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

**DEPARTMENT CHAIR**

NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

**DEAN, COLLEGE OF** \_\_\_\_\_

NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

**DEAN, COLLEGE OF PROFESSIONAL AND GLOBAL EDUCATION**

NAME: Dr. Larisa Preiser-Houy, Interim Dean

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_



**ACADEMIC PROGRAMS**

NAME: Dr. Laura Massa, Associate Vice President

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

**OFFICE OF THE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS**

NAME: Dr. S. Terri Gomez, Provost and Vice President for Academic Affairs

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_