

In addition to completion of this questionnaire, please provide your most recent professional vita.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ (please include title: Mr. Mrs. Ms. Dr.)

Status at time of program (i.e. active or retired/emeritus) \_\_\_\_\_

Department \_\_\_\_\_

Campus Address \_\_\_\_\_

Campus Phone (\_\_\_\_) \_\_\_\_\_ Campus Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Physical Address \_\_\_\_\_

*If the program will be co-led by two or more faculty members, please provide the Personal Information and Emergency Contact for the co-leader(s) on a separate sheet.*

**PROGRAM INFORMATION**

1. How many participants do you anticipate enrolling in the program?

- 6-9    10-14    15-19    20-24    25+

2. Has this program been offered previously by you or by another faculty?    Yes    No

If yes, when? \_\_\_\_\_ By whom? \_\_\_\_\_

3. COUNTRY PROPOSED: \_\_\_\_\_

If you have chosen a country for which a program currently exists through either CCSA or KIIS (see list online), please check the appropriate box and, if necessary, explain further why your program does not fit within the existing structure:

- The dates of my program do not coincide with the existing program.
- The city(ies) I wish to use are not the same as the existing program.
- My program will be open only to MSU students.
- Other: \_\_\_\_\_

#### 4. TIME PROPOSED

- Spring Break 20\_\_\_\_       Summer 20\_\_\_\_       Winter 20\_\_\_\_

**If summer or winter is proposed, do you have dates selected?**

- No       Yes: \_\_\_\_\_

**If you do not have preferred dates, please choose from the following:**

##### Preferred Length

- 2 – week       3 – week       Other length \_\_\_\_\_

##### Preferred Month

- May       June       July

Please note that you will be required to attend the faculty orientation for study abroad. You and your students will also be required to attend the student study abroad orientation, which is scheduled for:

- ▶ Winter 09 & Spring 2010 Programs: Saturday, November 21, 2009, 8:00-3:00, Curris Center Theatre
- ▶ Spring Break 2010 Programs: Friday, February 26, 2010, 4:30-7:30, Woods Hall Lobby
- ▶ Summer & Fall 2010 Programs: Saturday, April 3, 2010, 8:00-3:00, Curris Center Theatre

#### 5. COURSE DETAILS

- a. **Will your course meet for academic purposes pre-departure?**     Yes     No  
*This choice will determine when your course is offered in the MSU schedule of classes.*

If yes, please select one:

- Spring Semester       Fall Semester       2<sup>nd</sup> half Spring Semester  
 2<sup>nd</sup> half Fall Semester       Other: \_\_\_\_\_

**Will your course meet for academic purposes after return from the program?**     Yes     No

If yes, please indicate the date for final projects to be completed: \_\_\_\_\_

*This will determine when your course is offered in the MSU schedule of classes.*

- b. **Briefly describe the academic content of your course.**

*Please attach a course syllabus detailing the contact hours (both at home and abroad), evaluative methods for the course, and course goals.*

**c. Describe in detail how the course is related to the chosen site.**

**d. Please provide a course description.** This should be your best 100 words (maximum) for publications. Dry “catalog type” descriptions rarely work. This will be utilized for marketing purposes and may be your prime opportunity to attract students.

**b. Academic Discipline(s) of Proposed Course** \_\_\_\_\_

**c. Local Course Designator and Number** \_\_\_\_\_  
(e.g., MAT 200, HIS 300) if currently available

Will you offer students the opportunity to take the course for graduate credit with additional work?

Yes    No

**d. MSU Course Title** \_\_\_\_\_

**f. Number of Credit Hours:**    3 hours    4 hours    5 hours    Other: \_\_\_\_\_

**g. Will the course provide language development opportunities prior to or while abroad (if applicable)?**

Yes    No

**h. Please provide the following additional information:**

Can the course be taken to fulfill:

major or minor requirements?    Yes    No

general elective credit?    Yes    No

university studies credit?    Yes    No

Does your course have prerequisites?    Yes    No      If yes, please specify.

6. **What is the primary advantage to teaching your proposed course in another country? What is the most important benefit your students will gain from having this course taught in the country to be visited?**

7. **Do you have contacts in the appropriate country who might be willing to contribute to your classes as guest lecturers?**  Yes  No

If yes, please expand.

8. **What kind of familiarity do you have with the foreign country? (Summarize what traveling you may have already done there, or what courses you have taught or have taken related to the country.)**

Have you identified sites for field trips in the foreign country?  Yes  No

If yes, elaborate on field trip plans:

9. **If you have not traveled to the respective country, how do you plan to acquire information and ideas to maximize the potential for studying the course material in the foreign country?**

10. **Comment on your plans for promoting enrollment in your proposed course and specify your agreement to spend considerable time and expend the appropriate effort to achieve recruitment goals.**

11. **What are the minimum physical activity levels you expect students taking your course to have? (i.e. ability to walk 2 miles a day, scuba diving, etc.)**

**12. PROGRAM ADMINISTRATION**

Please choose one option.

**Do you prefer to run this program through a travel provider or university abroad?**  Yes  No

*This means that a travel agency or third party provider will make all logistical and budgetary arrangements for the program in consultation with you. An additional Program Director will accompany the program to deal with programmatic issues abroad. Your responsibilities abroad will be as the Program Faculty for the course.*

▶ **If yes, do you have contacts to assist with the program arrangements?**  Yes  No

**OR**

**Do you prefer to lead this program as faculty director?**  Yes  No

*This means that you will make all logistical and budgetary arrangements for the program. You are required to take one other MSU faculty or staff member if you choose this option. Your responsibilities abroad will be as Program Director and Faculty – you will both teach and deal with programmatic issues.*

▶ **If yes, please attach a tentative Budget Worksheet (found online).**

**13. SUPPLEMENTAL MATERIAL**

Please provide the following attachments:

- Vita       Course Syllabus       Signed Approval Page

Additional material for Faculty Directors:

- Worksheet for Faculty Study Abroad Directors (found online)  
 Tentative Budget (not a requirement at this point)

**14. DECLARATION AND AGREEMENT**

By signature below, I acknowledge that I have thoroughly read and understand the guidelines for faculty-led programs (available online) and this course proposal form and I accept and agree to be bound by the terms and conditions set forth herein.

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

**15. APPROVAL  
Department Chairperson and Dean**

*I approve this course for the indicated academic credit.*

\_\_\_\_\_  
Signature of Chair

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Academic College

\_\_\_\_\_  
Date