



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)



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: _____

SIGNATURE

DATE: _____



ACADEMIC PROGRAMS

NAME: _____

SIGNATURE

DATE: _____

RISK MANAGEMENT

NAME: _____

SIGNATURE

DATE: _____

OFFICE OF THE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS

NAME: _____

SIGNATURE

DATE: _____

CHECKLIST
PRE-DEPARTURE

- | | |
|--------------------------|---|
| <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"/> | Recruit participants, review program applications, and accept qualified applicants in the application management system. |
| <input type="checkbox"/> | Prepare an Emergency Management Communication Plan (EMCP) for the proposed study abroad program. |
| <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"/> | 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"/> | 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"/> | Attend mandatory faculty country-specific training, schedule a mandatory pre-departure orientation for all program participants, and register for the Smart Traveler Enrollment Program. |

ON-SITE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Upon arrival, conduct a mandatory on-site orientation on location-specific travel safety, security, and the EMCP communication plan for all program participants. |
| <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. |

POST-PROGRAM

- | | |
|--------------------------|---|
| <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. |