

Attachment A

FACULTY LED INTERNATIONAL PROGRAM PROPOSAL FORM

Program Title: _____ Program Site: _____

Program Director: _____ Date of Program: _____

*Attach a program proposal and an emergency action plan to this form.

Course to be offered (attach additional sheets if necessary)

Description of program (if extensive field work/travel study outside of the primary program location is an integral part of a course, please include detailed information about the location, approximate number of days involved, etc., for such travel)

Partner institution hosting students: _____

Instructor(s): _____

Do **ALL** instructors involved in the program have a license to practice medicine, nursing, pharmacy, or any of the allied health professions in the host country? Yes _____ No _____. If yes, please attach copy of valid and current license. If no, please explain.

Does the host country require a visa, other than tourist, for the activities proposed in this international program? (If yes, please explain)

Travel arrangements to country:

Group flight

Independent flight arrangements, students to be met by director on arrival

Other: _____

Housing arrangements on-site:

Hotel

Homestay families arranged by: _____

Student residence halls

Other: _____

Screening of students done by: _____

Classroom arrangements on-site: _____

Cost of program per student (please attach a budget worksheet): _____

Criteria for participant selection: _____

Signatures:

Program Director: _____

Date: _____

Department Chair: _____

Date: _____

Dean: _____

Date: _____

Senior VP of Academic Affairs: _____

Date: _____

Manager, International Affairs: _____

Date: _____