UCONN GLOBAL

Experiential Global Learning

Affiliated Program Proposal Form

Program Information

Proposer Name: _____ **Email:** _____

Program Name: _____

Location(s): Countries: _____

Cities: _____

Partner Institution(s): _____

Accredited Institution of Record for Coursework, if any: _____

Term(s): □ Fall □ Fall Break □ Winter □ Spring □ Spring Break □ Summer

How often will the program repeat? _____ **Year of First Program**: _____

Target Audience(s): □ Undergraduates □ Graduates

Additional Information

Please attach all the following documents separately. The Education Abroad Advisory Committee will require all this information to conduct its formal review.

1) Statement of Purpose (one-page narrative)
   a) Justification of program's global or intercultural scope
   b) Fit with department's plans of study (majors, minors, certificates, or concentrations)
   c) Student learning outcomes
   d) Any internship, service-learning, research, or other experiential elements
2) Course alignments, to include:
   a) Sample of host institution course syllabi
   b) Preliminary alignments of courses to UConn course numbers and titles (spreadsheet)
   c) Credit hour conversion
   d) Prerequisites/eligibility requirements, if any
3) Implementation plan (one-page narrative), to consider:
   a) Affordability
   b) Participant safety and security
   c) Institutional liability
   d) Marketing and promotion
   e) Long-term sustainability

Approval Signatures

Proposer: _____ Date:_____

Department/Unit Head: _____ Date:_____

College Dean/Unit Administrator: _____ Date:_____

Experiential Global Learning may request periodic updates, including final program dates, any program or course changes, and current contact information. Experiential Global Learning cannot promote this program until Global Affairs finalizes these details.

Global Affairs Use Only

Assistant Vice President of Global Affairs: _____ Date Received:_____

Vice President of Global Affairs (or designee): _____ Date Approved:_____