Faculty-Led Program Proposal Form

Program Information

Proposer Name: __________________________________________ Email: _____________________________

Program Name: __________________________________________

Course Number and title: ____________________________________ Number of Credits: ________________

Location(s): Countries: ____________________________________________

Cities: ______________________________________________________

Partner Institution(s), if any: _____________________________________

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 a formal review. Visit https://egl.uconn.edu/proposals/design/ for program design guidelines.

1) Student learning outcomes
   a) UConn course number and title
   b) Number of credit hours
   c) Prerequisites and eligibility requirements, if any
   d)Any internship, service-learning, research, or other experiential elements

2) Course syllabi (for each course), to include:
   a) UConn course number and title
   b) Number of credit hours
   c) Prerequisites and eligibility requirements, if any
   d) Any internship, service-learning, research, or other experiential elements
   e) Activities and their relevance to the course(s)
   f) Preferred accommodations
   g) Preferred mode(s) of transportation

3) Program itinerary, to include:
   a) Prospective dates of arrival and departure
   b) Calculation of contact hours
   4) 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: __________________________
Experiential Global Learning

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