

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.

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|---|--|
| 1) Student learning outcomes | c) Activities and their relevance to the course(s) |
| 2) Course syllabi (for each course), to include: | d) Preferred accommodations |
| a) UConn course number and title | e) Preferred mode(s) of transportation |
| b) Number of credit hours | 4) Implementation plan (one page narrative), to |
| c) Prerequisites and eligibility requirements, if any | consider: |
| d) Any internship, service-learning, research, or | a) Affordability |
| other experiential elements | b) Participant safety and security |
| 3) Program itinerary, to include: | c) Institutional liability |
| a) Prospective dates of arrival and departure | d) Marketing and promotion |
| b) Calculation of contact hours | 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: _____



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