CSUDH

COLLEGE OF EXTENDED AND
INTERNATIONAL EDUCATION

Faculty-Led Short Term Study Abroad Program Proposal

Course number/title_____units: _____

Is this course linked pedagogically to another course?_____If so, explain the relationship

Instructor_____Rank_____ Dept._____

College _____

Contact information in US _____

Contact information abroad _____

Session _____

Location of program _____

Dates of program _____

Collaborating faculty/institution in host country and contact information
_____

Brief description of your familiarity with the study abroad destination
_____

_____

Status of host country from State Department AND CSU Risk Management
Authority. (See http://travel.state.gov/content/passports/english/alertswarnings.html
and https://www.csurma.org .)

_____

Enrollment: maximum #_____   minimum #_____

How will students be selected to participate?
_____
_____
_____
_____

Program description, goals and objectives (brief summary from syllabus, can refer to more detail in syllabus)

_____
_____
_____
_____
_____

Provide strategies for integrating students into local communities/culture

_____
_____
_____
_____
_____

How does course/program meets goals of Dept. /College. Please attach a copy of course syllabus

_____
_____
_____
_____

Travel plans, both travel to and at the destination

_____
_____
_____
_____

Food and Lodging arrangements

_____
_____
_____
_____

Plan for emergencies (e.g., student or instructor)

_____
_____
_____
_____

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Itinerary of daily activities:

_____

_____

_____

_____

_____

_____

_____

(Attach additional sheet if necessary)

Budget for students (must include CSURMA insurance charge obtained from campus
Risk Manager; see http://www.csurma.org)

Number of PERSONS	CONCEPTS	COST per PERSON	TOTALS
	Registration		
	Health Insurance		
	Academic Visa		
	Lodging		
	Meals		
	Residence (Host Family)		
	Hotel		
	University Housing		
	Transportation (airfare)		
	Transportation (while in host country)		
	Excursions		
	Additional fees(please list below)		
	1.		
	2. program fee		
	3.		
	4.		
	5.		
		Total:	

Please use the space below to provide additional information regarding costs:

_____

_____

_____

_____

_____

Timeline (to include when students must register, purchase insurance from CSURMA, when they must obtain passport, when forms/documents must be submitted, when travel plans finalized, when they must register for Safe Traveler Enrollment Program (STEP), date of mandatory orientation)

_____
_____
_____
_____
_____
_____
_____
_____

The information above accurately reflects information related to my short-term abroad course.

Signature of Faculty Member_____Date _____

Recommended for Approved by:

Signature of Dept. Chair_____Date _____

Signature of College Dean_____Date _____

CEIE Dean or designee Signature_____Date _____

Vice President's Signature_____Date _____