



Marshall University Faculty-Led Program Proposal Form

Attach additional pages if necessary (Please type)

Faculty Leader: _____ Co-Leader Name: _____

Department: _____

Phone: _____ Email: _____

Program Name: _____

Program Location: _____

Program Dates: _____

Faculty Experience in the host country: _____

APPROVALS

Department Chair _____ Date _____

Dean of College _____ Date _____

Center for International Programs _____ Date _____

University Provost _____ Date _____

Please include the following information within your proposal and attach it to this form.

Goals of course:

Number of credits:

Course description:

Objectives:

How will they be met?

Itinerary/activities:

Foreign language proficiency: (Yes/No)

Expected number of participants per year:

Number necessary for program:

Annual or one-time program:

Health concerns:

Safety concerns:

Budget: (This is an example to use as a guideline)

<u>Per Person Expenses</u>	<u>Cost</u>	<u>Prepaid</u>	<u>Paid while abroad</u>
Roundtrip Airfare	\$		
Airport transfers	\$		
Housing	\$		
Meals	\$		
In-country transportation	\$		
In-country travel	\$		
Entrance fees	\$		
Anticipated out-of-pocket faculty expenses	\$		
Other fees/expenses	\$		