

Cal State LA Faculty-Led Study Abroad Continuing Program Proposal

Please only complete this form if you have previously submitted a **Cal State LA Faculty-Led Study Abroad New Program Proposal**, and if your department chair, college dean, and the Council on International Programs **already approved** this proposal. We revised this form on July 2, 2018.

Submit this form and attachments with the required signatures (department chair and college dean) to **Amy Wang**, Director of International Programs and **Sonja Lind**, Education Abroad Coordinator in the **International Programs** office at **Golden Eagle**, **room 217** (second floor).

Submit the following	attachments with	this proposal:

- □ Complete **proposal** for the previously approved program, including signatures
- □ Updated **syllabus** for the program (if there are any changes)
- □ Updated daily **itinerary** for the program (if there are any changes)
- □ Updated **budget** (if there are any changes; see budget worksheet at end of this form)

The deadlines for this proposal are:

- □ **April 1** for any programs departing in the following Summer or Fall (e.g., April 1, 2019 for programs departing in June 2020).
- □ **October 15** for any programs departing in the following Winter or Spring (e.g., October 15, 2018 for programs departing in January 2020).

We will attempt to take up to one month to review each proposal and provide feedback afterwards. Please direct any questions about this form or the deadlines to Sonja Lind at slind@calstatela.edu.

Name of the faculty submitting the proposal:				
If relevant, name(s) of additional faculty/staff traveling with the group:				
Previo	ous date your program was approved:	(mm/dd/yyyy)		
	changes, if any, are you making to this program? Select all that apply.			
	Destination(s)			
	Course name and title			
	Engagement and service-learning component(s) Excursions and/or day trips			
	Transportation			
	Housing			
П	Meals			
_	Safety and security concerns			
	Salety and Security Concerns			

- 1. **DESTINATION(S):** Provide a brief description of the program destination(s). If you have changed destinations, provide a rationale for this change.
- 2. **COURSE**: Please list the course that you propose to offer and the prerequisite(s), if applicable. If you have changed courses, provide a rationale for this change.

Course Number, Title, and Number of Units	
(If any) Prerequisite Course(s) Number, Title	

Rationale:

- 3. **ENGAGEMENT AND SERVICE-LEARNING**: Do you intend to integrate community engagement, service learning, internships, and/or research? If yes, describe how you will complete this. If you have added or removed this component, provide a rationale for this change.
- 4. EXCURSIONS: Provide a brief description of the excursions and/or day trips and how they tie into the coursework and learning objectives; if you have added or removed this component, provide a rationale for this change:
- 5. **TRANSPORTATION**: What are the transportation arrangements for the trip? If traveling from location to location, what types of transportation will you use (e.g., rental vehicles, personal vehicles, chartered buses or flights)? Who arranges for airport pick-ups and drop-offs? If you have changed transportation methods, provide a rationale for this change.
- 6. **HOUSING**: Where will be the students stay in the destination(s)? Which company and/or university will arrange the housing? How will you ensure student safety in their housing? If you have changed housing, provide a rationale for this change.



Sian	Tuto.
	ature Date
	Programs to cover safety and risk management.
	I agree to conduct a pre-departure orientation for students in coordination with International
	I understand that International Programs will arrange student payments and make any necessary deposits or other payments for the program, and that I will not unless otherwise arranged.
	and at info sessions to promote this programs.
	I understand I recruit students to enroll in this program and will meet with students individually
	I understand that I must work with my department chair on any needed curriculum approvals.
	ing below, you agree to the following statements:
acult	y Leader Signature
	□ No , it is / they are not on either CSURMA list.
	☐ Yes, it is / they are on the CSURMA War Risk Country List.
	Yes, it is / they are on the CSURMA High Hazardous Country List.
10.	SAFETY AND SECURITY : Answer whether your destination(s) is (now) on the CSURMA lists located at this website: www.calstate.edu/risk_management/rm/
	□ Level 4: Do not travel.
	□ Level 3: Reconsider travel.
	□ Level 2: Exercise increased caution.
	□ Level 1: Exercise normal precautions.
9.	SAFETY AND SECURITY: Please select your destination(s) (new) Travel Advisory: https://travel.state.gov/content/travel/en/international-travel.html
	made to reduce risks and increase the safety and security of students on the program?
	https://travel.state.gov/content/travel/en/international-travel.html What arrangements have you made to reduce risks and increase the safety and security of students on the program?
	country, both politically and medically, as obtained from the Department of State at this website:
8.	SAFETY AND SECURITY: Please give a brief synopsis of the status of the security of the
	ciadonia expedica la bay en tricir evin. Il yeu have changed trio, previde a rationale.
	students expected to buy on their own? If you have changed this, provide a rationale.

De

I understand that International Programs needs preapproval to continue to develop this program with the faculty named above.



		n, College of Professiona inued Education	l and		Date
			Recommended		Not Recommended
Chair of the Council on International Programs' Signature			Date		
			Recommended		Not Recommended
College Dean (or Designee) Signature		ignature		Date	
			Recommended		Not Recommended
D)epa	artment Chair (or Designo	ee) Signature		Date
			☐ Recommended		Not Recommended
		The faculty member(s) will I Leading a Cal State L.A. facting diplomatic, and leadership sinstitutions and partners, this demonstrated that they have	be engaged for the duration of touth	culty h Inte s. The ropria	member possess administrative, rnational Programs, international e faculty member has ate for the proposed program.
Ιa	additionally verify that: ☐ The proposal and class(es) intended meet academic standards and are consistent with mission, goals and resources of the department.				
	☐ I support the development of a Stateside program and understand that faculty will receive their normal teaching salary through the department/college as if they are teaching on campus. I further understand that the faculty may be teaching at reduced teaching load while abroad.				
		or			
		 I support the development of a special sessions course(s) in collaboration with the Co Professional and Global Education and acknowledge that this will be a self-support prog which State funds are not utilized. 			



Budget Worksheet for Continuing Program Proposal

Number of Students: Number of Faculty:

Student Program Ex	penses	Cost per student	Comments
	Cal State LA Tuition		
	Ground Transportation		
	Hotel Accommodations		
	Meals		
	Cultural Activities		
	Travel/Health Insurance		
Other (Describe, right):			
Other (Describe, right):			
Other (Describe, right):			
	Subtotal:	\$0	
Faculty Traveling Ex	penses	Cost	Comments
	International Airfare		
	Ground Transportation		
	Hotel Accommodations		
	Per Diem See:		
	https://aoprals.state.gov/web920/per_diem.asp		
	Cultural Activities		
	Travel/Health Insurance		
Other (Describe, right):			
Other (Describe, right):			
Other (Describe, right):			
_	Subtotal:	\$0	
Operating Expense I		Cost	Comments
	Supplies Printing/Conving		
	Printing/Copying Faculty salary		
Other (Describe, right):	1 addity dataly		
Other (Describe, right):			
Other (Describe, right):			
	Subtotal:	\$0	
Other Student Expenses		Cost per student	Comments
Not Covered in Program Cost			
	International Flight		
	Passport		
	Visa		
Other (Describe, right):			
	Subtotal:	\$0	
	Total:	\$0	