



VITERBO STUDY ABROAD PROGRAM PROPOSAL FORM

PROGRAM LEADER INFORMATION

Sponsoring department(s): _____

Program leader: _____ Phone: _____ E-mail: _____

Program leader: _____ Phone: _____ E-mail: _____

PROGRAM INFORMATION

Program name: _____ Is this a new program? Yes No

Program site location(s): _____

Program course will take place during (*select one*):

All Year Fall Semester Spring Semester Summer

Program travel will take place during (*select one*):

All Year Fall Semester Dec/Jan Interim Spring Semester Spring Break Summer

Program travel dates (*departure, arrival, and return*): _____ Total number of days: _____

Name of program provider (*if applicable*): _____

Contact person: _____ Phone: _____ E-mail: _____

Who will receive credit for this program? Undergraduate students Graduate students

Minimum number of participants: _____ Maximum number of participants: _____

Estimated cost per student (*please include a program budget*): _____

Program description (*100-150 words as you wish for it to appear online and other marketing materials*):

How will this program add to and/or differ from current study abroad programs?

CREDIT AND COURSE INFORMATION

Note: The course(s) listed below will be **the only course(s) and credit(s)** that study abroad students will be able to obtain with this study abroad program. The Study Abroad Office is responsible for monitoring the registration of all study abroad students.

Course code and title: _____ Number of credits: _____
(To be used in advertising materials, course schedules, etc.)

Department name: _____ Pre-requisites (if any): _____

Course code and title (if cross-listed): _____ Number of credits: _____
(To be used in advertising materials, course schedules, etc.)

Department name: _____ Pre-requisites (if any): _____

STUDENT LEARNING

What are the student learning outcomes for this study abroad program?

How do these outcomes align with the core curriculum or major program outcomes?

What activities and/or experiences included in this program will develop these learning outcomes?

How will the desired learning outcomes be assessed?

PROGRAM APPROVAL SIGNATURES

NOTE: This approval form should be accompanied with the program travel itinerary, course syllabus, estimated program budget, program risk assessment form and Faculty Leader Agreement forms.

DEPARTMENT

Department name: _____

Recommend for approval *Recommend for approval, with reservations* *Do not recommend for approval*

Comments:

Department Chair (printed name): _____

Department Chair signature: _____ Date: _____

DEAN

College name (in which the program will reside): _____

Recommend for approval *Recommend for approval, with reservations* *Do not recommend for approval*

Comments:

Dean of College (printed name): _____

Dean of College signature: _____ Date: _____

STUDY ABROAD OFFICE

Recommend for approval *Recommend for approval, with reservations* *Do not recommend for approval*

Comments:

Study Abroad Office (printed name): _____

Study Abroad Office signature: _____ Date: _____

VICE PRESIDENT FOR ACADEMICS (VPA) APPROVAL

APPROVED **NOT APPROVED**

Comments:

VPA (printed name): _____

VPA signature: _____ Date: _____

EXECUTIVE VICE PRESIDENT FOR STUDENT SUCCESS (EVP) APPROVAL

APPROVED **NOT APPROVED**

Comments:

EVP (printed name): _____

EVP signature: _____ Date: _____