



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 by the program travel itinerary, course syllabus/syllabi, 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*

The Dean's program approval and signature indicates agreement to cover all program cost overages that occur for any reason.

Comments:

Dean of College (printed name):

Dean of College signature:

Date:

VICE PRESIDENT FOR ACADEMICS (VPA) APPROVAL

☐ *APPROVED*

☐ *NOT APPROVED*

Comments:

VPA (printed name):

VPA 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: