Faculty-Led Program Proposal Form

Program Information

Proposer Name: __________________________________________ Email: _____________________________
Program Name: ___________________________________________________________________________
Location(s): Countries: ___________________________________________________________________
Cities: _________________________________________________________________________________
Partner Institution(s), if any: _____________________________
Accredited Institution of Record for Coursework, if any: _____________________________

Term(s): □ Fall □ Fall Break □ Winter □ Spring □ Spring Break □ Summer

How often will the program repeat? __________________ Year of First Program: ________________
Target Audience(s): □ Undergraduates □ Graduates

Additional Information

Please attach all the following documents separately. The Education Abroad Advisory Committee will require all this
information to conduct a formal review. Visit https://abroad.uconn.edu/custom/design/ for program design guidelines.

1) Student learning outcomes
c) Activities and their relevance to the course(s)
2) Course syllabi (for each course), to include:
d) Preferred accommodations
e) Preferred mode(s) of transportation
   a) UConn course number and title
   b) Number of credit hours
   c) Prerequisites and eligibility requirements, if any
   d) Any internship, service-learning, research, or other experiential elements
3) Program itinerary, to include:
   4) Implementation plan (one page narrative), to consider:
     a) Prospective dates of arrival and departure
     b) Calculation of contact hours
     c) Activities and their relevance to the course(s)
     d) Preferred accommodations
     e) Preferred mode(s) of transportation
     f) Affordability
     g) Participant safety and security
     h) Institutional liability
     i) Marketing and promotion
     j) Long-term sustainability

Approval Signatures

Proposer: __________________________________________ Date: ________________
Department/Unit Head: __________________________________________ Date: ________________
College Dean/Unit Administrator: __________________________ Date: ________________

Experiential Global Learning may request periodic updates, including final program dates, any program or course
changes, and current contact information. Experiential Global Learning cannot promote this program until Global
Affairs finalizes these details.

Global Affairs Use Only

Assistant Vice President of Global Affairs: __________________________ Date Received: ________________
Vice President of Global Affairs (or designee): __________________________ Date Approved: ________________