

**Study Abroad & Fellowships**

**Faculty-Led Proposal: Phase II**

Constellation Commons for Global Learning – Global Village Building 400 Room 2070

P: 585-475-4466 F: 585-475-3222 – http://studyabroad.rit.edu - goabroad@rit.edu

|  |  |
| --- | --- |
| A. Description of Student Housing (type, location, contract required, prices): | |
|  | |
| B. Description of Faculty Director(s) and Program Assistant Housing (type, location, contract required, prices): | |
|  | |
| C. How is payment handled? | |
|  | |
| D. Housing Contact: | |
| Contact Name: | Title: |
| Organization: | |
| Address: | Phone: |
| Email: |
| Fax: |
| Other: |
| E. Description of Meal Arrangements: | |
|  | |

Instructions: Please complete this document of supplementary program information and attach the budget worksheet and any third-party agreements. Return to Study Abroad & Fellowships. If you have any questions, please contact Study Abroad & Fellowships.

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| --- | --- |
| A. Number of anticipated participants with access needs: |  |
| B. How will students with disabilities be accommodated? | |
|  | |

**Students with Access Needs**

**Room and Board**

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| --- | --- |
| A. Are visas necessary for US Citizens for your program? | If yes, what is the cost? $ |
| How will they be obtained? | |
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| B. Do international students need visas? | If yes, what is the cost? $ |
| How will they be obtained? | |
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**Visa Information**

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| --- | --- |
| A. Marketing/Strategy Needs | |
|  | * Posters * Social Media * Email Students on Compass * Email RITStaff * Email Friends of Study Abroad (Faculty/Staff) * Classroom Visits   (Provide class times or 3 faculty members we should contact)   * Liaisons   (Send email distribution to student) |
| Suggestions:  Identify person/people you want us to work with for marketing strategies | |
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**Preparing Students**

**Travel**

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| A. Are you traveling to host country as a group? Yes No |
| If yes, please list estimated dates, times, airlines, and other pertinent information. |
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| B. Is there an airport pick up? Yes No |
| If not, how are students getting to the host location? |
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| --- | --- |
| C. Description of Excursions and Activities | |
| Excursion Title: | |
| Description: | |
| Date(s): | Location(s): |
| Travel to and from: | |

|  |  |
| --- | --- |
| Excursion Title: | |
| Description: | |
| Date(s): | Location(s): |
| Travel to and from: | |

|  |  |
| --- | --- |
| Excursion Title: | |
| Description: | |
| Date(s): | Location(s): |
| Travel to and from: | |

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| --- | --- |
| Excursion Title: | |
| Description: | |
| Date(s): | Location(s): |
| Travel to and from: | |

|  |  |
| --- | --- |
| Excursion Title: | |
| Description: | |
| Date(s): | Location(s): |
| Travel to and from: | |

**Additional Information**

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| Please provide any additional important information: |
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**Affiliate/Third Party Contractor Agreements**

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| Attach all affiliate/third party contractor agreements to packet. Below, please provide basic information about each affiliate relationship. | |
| Name of Organization: | | |
| Contact Name: | | |
| Address: | Phone: | |
| Email: | |
| Fax: | |
| Other: | |
| Purpose: | | |

|  |  |
| --- | --- |
| Name of Organization: | |
| Contact Name: | |
| Address: | Phone: |
| Email: |
| Fax: |
| Other: |
| Purpose: | |

|  |  |
| --- | --- |
| Name of Organization: | |
| Contact Name: | |
| Address: | Phone: |
| Email: |
| Fax: |
| Other: |
| Purpose: | |

|  |  |
| --- | --- |
| Name of Organization: | |
| Contact Name: | |
| Address: | Phone: |
| Email: |
| Fax: |
| Other: |
| Purpose: | |