



Faculty-Led Proposal: Phase II

Constellation Commons for Global Learning – Global Village Building 400, Room 2070
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Instructions: Please complete this document of supplementary program information for planning and RIT Risk Management review and email it to Cecelia Hencke (cehiegp@rit.edu).

If you have any questions, contact Cecelia Hencke (cehiegp@rit.edu).

1. Program Info.

Program Name:	Country:
Faculty Director(s):	College:

2. Room and Board

If program travels to multiple cities, please describe each housing option separately.

HOUSING A		
Country:	City:	Housing Type: <i>If other, please describe:</i>
Housing Name:		
Housing Address:		
Housing Phone:	Housing Email:	
How will housing be booked? <i>If booking online list provider or if "other" please describe:</i>	Housing Dates:	
	Number of Nights:	
Number of Students Per Room: <i>(Please ensure each student has their own bed)</i>	Are students sharing rooms with students participating in other programs: Yes No	
Amenities included: <i>(i.e. kitchen, internet, breakfast, etc.)</i>		

HOUSING B <i>(if applicable)</i>		
Country:	City:	Housing Type: <i>If other, please describe:</i>
Housing Name:		
Housing Address:		
Housing Phone:	Housing Email:	

How will housing be booked? <i>If booking online list provider or if "other" please describe:</i>		Housing Dates:
		Number of Nights:
Number of Students Per Room: <i>(Please ensure each student has their own bed)</i>	Are students sharing rooms with students participating in other programs: Yes No	
Amenities included: <i>(i.e. kitchen, internet, breakfast, etc.)</i>		
FACULTY HOUSING <i>(if different than students)</i>		
Country:	City:	Housing Type: <i>If other, please describe:</i>
Housing Name:		
Housing Address:		
Housing Phone:	Housing Email:	
How will housing be booked? <i>If booking online list provider or if "other" please describe:</i>	Housing Dates:	
Number of Nights:	Number of People Per Room:	
Amenities included: <i>(i.e. kitchen, internet, breakfast, etc.)</i>		
MEALS		
Description of meal arrangements: <i>(i.e. meal plan, group meals, students responsible for own meals, etc.)</i>		
Please note that you may have participants with severe food allergies or meal restrictions. Please provide information about accommodations for these students:		

3. Travel Documents

Are visas necessary for U.S. citizens for your program: Yes No	If yes, what is the cost range:
How would visas be obtained?	
Would international students need a visa for your program: Yes No	If yes, what is the cost range:

How would visas be obtained?	
Are vaccinations required: Yes No	If yes, what are they:
What is the cost range:	How would they be obtained?

4. Travel Details

Are you traveling to the host country as a group: Yes No <i>If yes, please be sure to provide the RIT Education Abroad office with the group itinerary when it is available.</i>		
How will students get from the arrival point in-country to the housing accommodations/host location:		
How will students get from the in-country housing accommodations/host location to the departure point back to the U.S.:		
Will any non-program people be joining you for all or part of the travel: <i>(ex. spouse/partner, children, etc.)</i> <i>If yes, please list their names, ages and relationship to you.</i>		Yes No
Do you plan to do any personal or non-program related travel before, during or after the program in this region: <i>If yes, please provide a brief description of the reason, location and dates.</i>		Yes No
Are there any health concerns affecting the location your program is going to (ex. Zika, etc.): <i>If yes, please explain.</i>		Yes No

5. Excursions

Please note that you are expected to accompany student participants on all required aspects of the program, including excursions. You may choose to include a total program itinerary in lieu of completing this section.

EXCURSION A <i>(if applicable)</i>	
Excursion Title:	Location(s) of Excursion:
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
Date(s) of Excursion:	Description of transportation to and from excursion location: <i>(i.e. public bus, public train, private transport, etc.)</i>
Description of local transportation within excursion city: <i>(i.e. public bus, public train, private transport, etc.)</i>	Description of Accommodations: <i>(if applicable)</i>

EXCURSION B *(if applicable)*

Excursion Title:	Location(s) of Excursion:
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
Date(s) of Excursion:	Description of transportation to and from excursion location: <i>(i.e. public bus, public train, private transport, etc.)</i>
Description of local transportation within excursion city: <i>(i.e. public bus, public train, private transport, etc.)</i>	Description of Accommodations: <i>(if applicable)</i>

EXCURSION C *(if applicable)*

Excursion Title:	Location(s) of Excursion:
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
Date(s) of Excursion:	Description of transportation to and from excursion location: <i>(i.e. public bus, public train, private transport, etc.)</i>
Description of local transportation within excursion city: <i>(i.e. public bus, public train, private transport, etc.)</i>	Description of Accommodations: <i>(if applicable)</i>

EXCURSION D *(if applicable)*

Excursion Title:	Location(s) of Excursion:
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
Date(s) of Excursion:	Description of transportation to and from excursion location: <i>(i.e. public bus, public train, private transport, etc.)</i>
Description of local transportation within excursion city: <i>(i.e. public bus, public train, private transport, etc.)</i>	Description of Accommodations: <i>(if applicable)</i>

6. Affiliate/Third Party Contractor Agreements

If you are working with any third party partners such as travel companies, non-profit organizations, universities, etc. it may require an affiliation agreement. RIT Education Abroad will determine if an agreement is necessary based on the information you provide below.

AFFILIATE/THIRD PARTY A <i>(if applicable)</i>	
Name of Organization:	
Contact Name:	Contact Title:
Address:	Phone:
	Email:
	Fax:
Purpose:	

AFFILIATE/THIRD PARTY B <i>(if applicable)</i>	
Name of Organization:	
Contact Name:	Contact Title:
Address:	Phone:
	Email:
	Fax:
Purpose:	

AFFILIATE/THIRD PARTY C <i>(if applicable)</i>	
Name of Organization:	
Contact Name:	Contact Title:
Address:	Phone:
	Email:
	Fax:
Purpose:	

Additional Information

Please provide any additional important information:

Once all information is complete, email form to Cecelia Hencke (cehiegp@rit.edu).