



Faculty-Led Proposal: Phase I

Global
Education
Abroad

Constellation Commons for Global Learning - Global Village Building 400 Room
2070 P: 585-475-4466 F: 585-475-3222 www.rit.edu/global | global@rit.edu

Instructions for Faculty Leader(s):

1. Please complete this document, include a copy of the course syllabus and email both to your Department Chair for approval.
 2. Your Department Chair will email the document to your Dean or Assistant/Associate Dean for final approval.
 3. Your Dean or Assistant/Associate Dean will email the completed form to Zhanna Ivanova in the Education Abroad office.
- If you have any questions contact Zhanna Ivanova (ziiegp@rit.edu).

1. Basic Program Data

| | |
|--|---|
| Are you: <input type="checkbox"/> Creating a new program <input type="checkbox"/> Renewing a previously established program | |
| Program Title: <i>This is not the course title. Consider a title that is engaging and will attract students.</i> | |
| Location(s) (City, Country): | Name of Faculty Member(s): <i>List all those taking group overseas.</i> |
| RIT College: | RIT College Study Abroad Liaison: Name of Your Department Chair: |
| Dates of Program Depart U.S.: Last Day of Program: Arrive in Country: Depart Host Country: First Day of Program: | Term Credits Earned: |
| Related Fields of Study: | Term of Travel: |
| RIT Courses Offered: If course is open to grad students, list grad course info also. | |
| Course Name | Course Number Number of RIT Semester Credits |
| | |
| | |
| | |
| Class meeting days & times (or to be tailored based on student availability): | |

2. Student Participant Information

RIT does not discriminate. RIT promotes and values diversity and provides equal opportunity to all qualified individuals regardless of race, color, creed, age, marital status, sex, gender, religion, sexual orientation, gender identity, gender expression, national origin, veteran status, or disability. These factors should not influence student participation selection.

Please note that your program will be open to all eligible students and you should consider, in conjunction with RIT Education Abroad and RIT Access Services, how you will accommodate students with disabilities and access needs.

| | |
|---|--|
| Maximum Number of Participants: | Eligible Year Level(s): <i>choose all that apply</i> 1 st 2 nd 3 rd 4 th Grad |
| Required College/Major(s): <i>If none, write 'none'</i> | Required Language & Minimum Level: <i>If none, write 'none'</i> |

| | | | | | | | |
|--|----------------|--|-----------|---------------|---|-------------|--------|
| How do these courses fit into degree curriculum? <i>choose all that apply</i> | | | | | | | |
| Major Course | Major Elective | Minor | Immersion | Free Elective | Perspective | GE Elective | Honors |
| Required Prerequisites: <i>If none, write 'none'</i> | | | | | | | |
| Preferred Participant Qualifications: <i>choose all that apply</i> Note that whatever you choose as criteria must be clearly communicated to applicants and you will need to have a process in place to evaluate applicants based on your chosen criteria. | | | | | | | |
| Upperclassmen | | Demonstrated skills <i>(via portfolio, etc.)</i> | | | GPA Minimum: <i>(other than 2.5)</i> | | |
| Have studied abroad before | | Demonstrated motivation/ maturity <i>(via essay, references, interview, etc.)</i> | | | Preferred Year Level: | | |
| Haven't been abroad before | | | | | Other: | | |
| First/come, first/serve | | | | | | | |
| Are there any essential components or characteristics of your program that may make it difficult for some students to participate (for example, extreme physical activity, exposure to potential allergens, etc.) What are the accommodations you could make to support your student participants? | | | | | | | |
| | | | | | | | |
| Please provide the names of all people in your college who manage college-specific marketing, social media, newsletter, websites, etc. who might be of assistance in marketing your program: | | | | | | | |
| | | | | | | | |

3. Program Description/Rationale

| |
|---|
| Provide a program summary that highlights key program elements. (This will be the program overview presented to students in marketing materials.) |
| |
| Explain how the specific location(s) will enhance the learning goals of the program and be incorporated into the course pedagogy. |
| |

Describe your in-country partners (universities, experts, non-profits, travel agencies, etc.) if applicable, and the support services they will provide.

Describe your expertise in this region and your qualifications for leading a group of students abroad.

What tools/facilities/technology will be necessary and have you determined if they will be available?

Describe how the program provides opportunities that encourage a student's personal, professional and cross-cultural development (e.g. leadership skills, service orientation, maturity, tolerance for ambiguity, growth in cultural awareness). How will this be assessed?

Describe any concerns or challenges you foresee in developing and leading this program.

If renewing an existing program, please describe what you have observed by running the program previously and highlight any major program structure or design modifications from the previous year.

To be completed by Department Chair and Dean or Assistant/Associate Dean

By signing below, you are authorizing the academic development of this study abroad program only. This does not necessarily guarantee that the program will run. Once a program has academic authorization, RIT Risk Management and RIT Education Abroad will continue to assess program viability and must also grant approval. Programs proposed to locations on the State Department Travel Warning list will require additional approval by the Provost.

To be completed by: DEPARTMENT CHAIR

Once you complete this section, email this document to the Dean or Assistant/Associate Dean of your college for their approval.

This course will count toward faculty member's:

Regular Semester Load Summer Overload
Other

(Please have a contingency plan in case the program does not run.)

If you require more than a minimum of 8 student participants, list minimum here:

Program Approved: Yes No

Date:

Signature: *(type name for electronic signature)*

Your Title:

Notes:

To be completed by: DEAN or ASSISTANT/ASSOCIATE DEAN

Once you complete this section, email this document to Zhanna Ivanova (ziiegp@rit.edu) and copy in the faculty director.

Program Approved: Yes No

Date:

Signature: *(type name for electronic signature)*

Your Title:

Notes: