

Abroad

Faculty-Led Proposal: Phase I

Constellation Commons for Global Learning - Global Village Building 400 Room 2070 P: 585-475-4466 F: 585-475-3222 | http://studyabroad.rit.edu | 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 Cecelia Hencke in the Education Abroad office.

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

1. Basic Program Data

Are you: Creating a new progra	ting a new program Renewing a previously established program			
Program Title: This is not the course title	e. Consider a title that is enge	aging and will attract	t students.	
Location(s) (City, Country):		Name of Faculty	Member(s): List all those taking group overseas.	
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DIT C. II	DIT C II C I I	1 11: 1	N (V 5 1 16)	
RIT College:	RIT College Study A	ibroad Liaison:	Name of Your Department Chair:	
Dates of Program			Term Credits Earned:	
Depart U.S.:	Last Day of Program:			
Arrive in Country: Depart Host Country:				
First Day of Program:				
Related Fields of Study:			Term of Travel:	
RIT Courses Offered: If course is	open to grad students,	list grad course in	nfo 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): choose all that apply 1st 2nd 3rd 4th Grad
Required College/Major(s): If none, write 'none'	Required Language & Minimum Level: If none, write 'none'

How do these courses fit into degree curriculum? choose all that apply							
Major Course Major Ele	ective Minor	Immersion	Free Elective	Perspective	GE Elective	Honors	
Required Prerequisites: If none	, write 'none'						
Preferred Participant Qualifica Note that whatever you choose as cr			nlicants and you will no	ad to have a proces	s in place to evaluat	e annlicants	
based on your chosen criteria.	iteria must be clearly t	ommunicated to app	nicants and you will ne	eu to nave a proces	is iii piace to evaluat	e applicants	
Upperclassmen		Demonstrated s	kills (via portfolio, etc.,		Ainimum: than 2.5)		
Have studied abroad bef	ore	Demonstrated i					
Haven't been abroad be	fore	maturity (via essay, references, interview, etc.)			Preferred Year Level:		
First/come, first/serve		meer view, etc.,		Other	:		
Are there any essential compo	nents or characte	ristics of your pro	gram that may ma	ke it difficult for	some students t	to	
participate (for example, extre	eme physical activi	ty, exposure to p					
could make to support your st	udent participants	;?					
Please provide the names of a	Il people in your c	ollege who mana	ge college-specific i	marketing, socia	al media, newslet	tter,	
websites, etc. who might be o				٥,	,	,	
3. Program Description/R	ationale						
			/ - 1: :::::::::::::::::::::::::::::::::::				
Provide a program summary t marketing materials.)	nat nighlights key	program element	s. (This will be the	program overvi	ew presented to	students in	
marketing materials.							
Explain how the specific locati pedagogy.	on(s) will enhance	the learning goa	is of the program a	nd be incorpora	ited into the cou	rse	
реаадоду.							

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:	If you require more than a minimum of 8 student participants, list minimum here:			
Regular Semester Load Summer Overload				
Other				
(Please have a contingency plan in case the program does not run.)				
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 Cecelia Hencke (cehiegp@rit.edu) and copy in the faculty director.				
Program Approved: Yes No	Date:			
Signature: (type name for electronic signature)	Your Title:			
Notes:				