## University of North Carolina PEMBROKE

## Faculty-Led Study Abroad/Away Proposal

(DUE 9 MONTHS PRIOR TO TRAVEL)

I. BASIC PROGRAM INFORMAT (Will the students receive credit on this program? T	
Program Title:	
New Proposal Recurring Prop	
Program Departure Date:	Program Return Date:
Program Location(s):	
Faculty-Lead:	
Department:	Office #
Phone #:	Email:
Assistant Lead (faculty/staff), unless usin	ng a Third-Party Provider*:
	Away program on their own, if they are using a third-party company that and in-country support. Consult with the Study Abroad Coordinator.
Department:	Office # Email:
II. <u>ACADEMIC INFORMATION</u> Will this be one (1) class or a two (2) class  How will each faculty member be compens	ss collaboration? 1 class 2 classes
Course Number(s):	Credits:
Are there any prerequisites for the class	? Yes No
If Yes, what are they?	

Are there any program requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what are they?							
III. 1)	Progra a) b)	RAM DETAILS  am Narrative – including objectives and expectations Rationale for the program (Why is the program being offered?) Main features (What will students do?) Learning objectives?					
2)	Cours	se Syllabus – Attach to the Proposal, outlining justification for Study Abroad/Away.					
3)	Budget – Create a projected budget. (See template below.) What are the expected program expenses? Be as accurate as possible. Students are expected to cover all expenses, including themselves and faculty. Add an additional 10-20% to the total cost to ensure that funds will cover all expenses.						
4)	) Suggested Itinerary Attach with this FLSA Proposal. Faculty also agree to fly with the students, as a group. (See Appendix E in FLSA Manual/Handbook for more information.)						
5)	Risk A	Assessment –					
	a)	What is the U.S. Department of State's Travel Warning for the destination(s)? Check the boxes after review and circle the appropriate Travel Warning below. Provide additional details as needed. (Study Away / domestic travel – skip to section 5b.)					
		<ul> <li>I have reviewed the <u>U.S. Department of State's Travel Warning</u> for the proposed county of study abroad from the link above.</li> <li>I have reviewed the most recent <u>U.S. Department of State's Overseas Security Council</u> Crime &amp; Safety Report for the destination and listed any relevant risk factors below.</li> </ul>					
		<ul> <li>a. Travel Warning 1 (Approved, no justification needed. However, it's important to always list risk factors for any travel, so please list below.)</li> <li>b. Travel Warning 2 (Approved with written justification listed below in the Risk Factors section.)</li> <li>c. Travel Warning 3 (Written appeal to The Office of Global Engagement justifying travel to this country and specific areas within the proposed itinerary.)</li> <li>d. Travel Warning 4 (NOT ALLOWED)</li> </ul>					
	b)	Safety / Risk Factors – List any risks associated with program destination(s) and provide additional details for ensuring overall safety of the Study Abroad/Away group trip:					

documentation asso service provider, li	ociated with ke EF Tours	the insurance, then consult	licenses, etc., as warranted. If y	ountry provider, please provide all you would like to use a third-party ator. They can submit a Request te of the in-country itinerary.	
		<u> </u>	BUDGET <i>ESTIMATE</i>		
,	•		y or use your own budget works ost to accurately determine the	sheet. And remember to include all total approximate cost.)	
<b>Transportation</b>					
Flights:	USD	(flights to and	from the host country, in-count	ry flights)	
Ground:	ound:USD (bus, train, taxi, other)				
Lodging					
Hotel 1:	USD		(local currency as needed)		
Hotel 2:	USD		(local currency)		
Other:	USD _		(local currency)	Currency	
<u>Meals</u>				<u>Converter</u>	
Welcome Dinner:		USD	(local currency)	<b>\</b>	
Good Bye Dinner:		USD	(local currency)		
Other:	USD		(local currency)		
<b>Excursions</b>				Remember to use	
Museums, historic sites, cultural events, guided tours, etc:			<u>Chrome River online</u> and note that faculty		
Museums, historic	USD(local currency)				
,	SD	(10001)			
,	SD	(local (		<u>be submitted within 30</u> <u>days</u> after the trip is	

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Immunizations:	USD (cor	nsult Travel.State.Gov)
<b>Faculty Costs</b>		
Airport Parking:	USD	
Per Diem:	USD	
Faculty Insurance:	_\$25 p/person	USD (not needed for Study Away)
*Remember to add ar	n additional 10-20%	to the total. Use the below total for promotional purposes.
Total Cost:	USD Total Cost I	per Student: USD
Faculty Lead Signat	ure:	Date:
(By signing this document	, faculty agree above in	formation is accurate and agree to facilitate the safety and well-being of the group
III. SIGNATURE SI		
<b>Department Chair</b>		
Signature:		Date:
Dean		
Signature:		Date:
Associate Provost		
Signature:		Date:
Coordinator of Stud	y Abroad	
Signature:		Date: