New Program Abroad Proposal Form

Program Title: ____________________________________________________________

Location of Program: ______________________________________________________

Program Coordinator: ______________________________________________________

Campus Address: ____________________________________________________________

Campus Email: ____________________________ Phone: ____________________________

Description of Program: _______ Please Attach Course Syllabus

Number of credit hours the students must register for: ____________________________

Department(s) from which credit will be granted: _________________________________

Proposed date/session the program would begin: _________________________________

How often this program would be offered (Frequency Code): ______________________

Is there a prerequisite course? If yes, what________________________________________

Does the program include the following elements?

  _____ a study abroad component for Fredonia students
  _____ an exchange component for Fredonia students
  _____ an exchange component for Fredonia faculty
  _____ graduate level course component

Has SUNY Fredonia conducted a program at this location in the past? ________________

Have you ever planned an overseas course before? ______ If yes, please describe: __________

Do you know if there are any other SUNY programs already existing at the same location/time as the program you are proposing? ______________________________

Do you know if there is any other U.S. university at the proposed location with which SUNY Fredonia could collaborate and share resources? ______________________________

Name(s) and titles of overseas coordinator(s) working with you on this proposal:


How long have you known this person, and in what capacity?


What experience does the person have that qualifies him/her to serve as co-coordinator of this proposed program?


Describe the housing options for students and faculty participating on this program:


Describe the meal options for students and faculty participating on this program:


Describe the medical care options for students and faculty participating on this program:


What medical treatment or special immunizations do participants need before going?


Will a visa be required for entry into this country?


Have you developed a budget for this program? (If yes, please attach copy.)


Have you completed the New Course Approval Form and submitted it to Academic Affairs Committee? Yes/No (If yes, please attach copy. If no, please give date to do so.)


If for any reason you are unable to conduct this course, who will/can take your place?


The International Education Center strives to increase the number of SUNY Fredonia students studying overseas. Describe why you believe that this program will support this goal and provide an estimate number of students you expect will participate in this program:
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Signatures:

I have discussed this project with the head of my department and faculty. We are supporting this initiative and agree to help promote and maintain this program through three cycles.

__________________________________________  __________________
Program Coordinator                              Date

__________________________________________  __________________
Department/School Chair                          Date

__________________________________________  __________________
Dean                                              Date

__________________________________________  __________________
Associate Vice President for Curriculum & Academic Support Date

__________________________________________  __________________
Director International Education Center           Date

__________________________________________  __________________
Assistant Director- International Education Center Date

Study Abroad Advisory Board Review

Date reviewed:________________________________________

Comments:__________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________