

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? _____

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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: _____
