**Drexel University - OIP**

**International Experience Approval Form**

Please complete this form in full & submit to the Study Abroad Office, Academic Building, Suite 201, 101 N 33rd St

1. **Project Information**

Title of the Project

|  |
| --- |
|  |

Description and objective(s) of project

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location(s) of project | | |  | | Beginning date | | |  | Ending date |
|  | | |  | | |  | |  |  |
| Sponsoring College/School | | | |  | | | Department | | |
|  | | | |  | | |  | | |
| Name of Drexel Project Director / Faculty Coordinators | | | |  | | | Name and email of student leader (*if applicable*) | | | |
|  | | | |  | | | |
| Project Director/Faculty coordinator Office and  E-mail addresses | | | | Project Director / Faculty Coordinator(s) Telephone Number(s) | | | |
|  | | | |  | | | |
|  | | | | | | | |  |  |
| Project Director/ Faculty coordinator Cell Phone # abroad | Project Director/ Faculty coordinator Skype handle  (*if used*) | US Contact Name & Number in case of Director/Faculty Coordinator Emergency | | | | | | | |  |
|  |  | | | |  | | | | |

|  |  |
| --- | --- |
| In Country Partner and Local Contact Info, including 24/7 phone number (*if applicable*): |  |
|  |

Is the project for academic credit?  Yes  No

|  |  |  |
| --- | --- | --- |
|  |  |  |
| If for credit then Course Name(s) and Number(s) |  | Number of Credits |
|  |  |  |

B. Anticipated number of participants: Minimum #: Maximum #:

Participants will be:  Undergraduates  Graduates

This program will be:  Ongoing  One time offering

C. How will this program be funded, including the salary/expenses of faculty/staff if applicable? Include approximation of expenses or attach program budget.

|  |
| --- |
|  |

D. Office of International Programs Contact

|  |
| --- |
|  |

**E. Logistics and Program Planning**

Please attach a **program itinerary.**

* Describe **in-country transportation** that will be used during the experience. If there are known transportation risks in-country, please explain how you will mitigate those risks? Please note that all rented vehicles must be licensed and insured.

|  |
| --- |
|  |

Describe **housing arrangements** and how the housing was selected/reviewed.

|  |
| --- |
|  |

Describe the **in-country communication plan** for your groupand how you will communicate if internet is not available. How will you communicate with Drexel if needed.

|  |
| --- |
|  |

**F. Safety and Security Planning**

|  |  |
| --- | --- |
| Nearest **US Embassy**, including address and 24/7 phone number (If you will have non-US citizens in your group, please advise them to have their Embassy information with them) |  |
|  | | |

|  |
| --- |
| Nearest **hospital or health care facility,** including address and 24/7 phone number: |
|  |

Are there recommended **vaccinations** and/or present **health risks** for the destination countries? See the [CDC website](https://www.cdc.gov/) for country-specific information. Please describe precautions you will take to mitigate any health risks.

|  |
| --- |
|  |

|  |
| --- |
| Will there be an in-country language barrier? If yes, how will you manage communication with locals? |
|  |

Describe group leader or traveler’s previous experience in country or general travel experience.

|  |
| --- |
|  |

Describe other known risks in country (natural disaster, personal safety issues, political unrest, terrorism) and your preparations for addressing these risks in country.

|  |
| --- |
|  |

|  |
| --- |
| Please identify a Shelter in Place location for your destination. |
|  |

Will you have a pre-departure orientation?  No  Yes, provided by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will there be an on-site orientation?  No  Yes, provided by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. **Department and School Approval.** If this is a Student Organization, please have your Faculty Advisor and Student Affairs sign your form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department Chair/Date |  | College or School Dean/Date |
| **For OIP use only:**  Recommendation of Director (comments may be attached)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director, of International Health, Safety and Security/Date |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VP Research/Date  (*if applicable*) |
| Vice Provost for Global Initiatives/Date |  | Provost/Date  (*if applicable*) |

Date received by OIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC:

Risk Management \_\_\_\_\_\_\_\_\_ P Card Office\_\_\_\_\_\_\_\_\_\_