**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

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Description and objective(s) of project

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| 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 andE-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 |  |
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| --- | --- |
| In Country Partner and Local Contact Info, including 24/7 phone number (*if applicable*): |  |
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 Is the project for academic credit? [ ]  Yes [ ]  No

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| 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.

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D. Office of International Programs Contact

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**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.

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

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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.

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**F. Safety and Security Planning**

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

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| Will there be an in-country language barrier? If yes, how will you manage communication with locals? |
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Describe group leader or traveler’s previous experience in country or general travel experience.

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

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| Please identify a Shelter in Place location for your destination. |
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Will you have a pre-departure orientation? [ ]  No [ ]  Yes, provided by

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

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

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| 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\_\_\_\_\_\_\_\_\_\_