

Drexel University – Office of Global Engagement Non-Credit Experience Abroad Approval Form

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

A. 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 Global Engagement 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 group and 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](#) 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 OGE use only:
Recommendation of Director
(comments may be attached)

Sr Director of International Health,
Safety and Security/Date

VP Research/Date
(if applicable)

Vice Provost for Global
Engagement/Date

Provost/Date
(if applicable)

Date received by OGEEA _____

CC:

Risk Management _____ P Card Office _____