



Drexel University Study Abroad Proposal

Please complete this form in full & return to Study Abroad, 101 N. 33rd Street, Suite 201

Program Information

Title of the Program

Type of Program: Faculty Led Term Provider Intensive Course Abroad Other _____

Description and objective(s) of program:

Location(s) of Program

Beginning date
(Arrival)

Ending date
(Departure)

Sponsoring College/School

Department

Course Title(s) and Number(s)

Number of Credits

Name of Program Director / Faculty Coordinator(s)

Employee ID(s)

Telephone Number(s)

Email Address(es)

Office Address(es)

Instructor of Record (Name, Title, and Terminal Degree) if different from Program Director/Faculty Coordinator

Cell Phone #
(while abroad)

Project Director/Coordinator
Skype handle (if used)

US Contact Name & Number in case of Faculty
Emergency

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

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Please attach a syllabus for each course offered Please indicate if the course is still awaiting faculty senate approval in the attachment for each course offered.

Prerequisite(s), if any

List prerequisite courses including language instruction:

Anticipated number of students

Minimum #:

Maximum #:

Participants will be:

Undergraduates

Graduates

This program will be:

Ongoing

One time offering

Funding

How will this program be funded, including the salary of the instructor, if applicable? Please note that faculty salary cannot be covered by student program fees. Include approximation of expenses or attach program budget.

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Contact in Study Abroad:

Logistics and Program Planning

If this is an Intensive Course Abroad, please attach a **program itinerary**.

If you are using a program provider, you should be able to obtain much of this information from the provider website or your contact.

Describe **in-country transportation** that will be used during the time abroad. In some cases, transportation may be coordinated by a local provider. 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.

Describe the **in-country communication plan** for students and how they will communicate if internet is not available. How will people communicate with Drexel if needed?

Safety and Security Planning

Nearest **US Embassy**, including address and 24/7 phone number:
(If there are non-US citizens in the course, please advise them to have their Embassy information with them)

Nearest **hospital or health care facility** to housing/classroom space/study center including address and 24/7 phone number:

Nearest **police department** to housing/classroom space/study center including address and 24/7 phone number:

Are there recommended **vaccinations** and/or present **health risks** for the destination country/ies? See the [CDC website](#) for country-specific information. Please describe precautions students should take to mitigate any health risks.

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

If faculty-led, describe faculty leader's previous experience in country or general travel experience.

If a third party provider program, describe rationale for selecting this particular provider.

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 where students would be instructed to gather in the event of an emergency. This might be the program housing or classroom location.

All programs require a pre-departure orientation. Term-long programs will have an orientation provided by Study Abroad.

Please indicate if you need assistance in facilitating the orientation. Yes No

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

Department and College/ School Funding & Approval of Program

Departmental and/or College/School Funding

*** Please note: Any expenses that exceed the program budget / funding must be covered by the Department/College.**

Department Chair/Date

College or School Dean/Date

For OIP use only:

Recommendation of Study Abroad Director
(comments may be attached)

Recommendation of Intl Health,
Safety and Security Director
(comments may be attached)

Director, Study Abroad/Date

Director, IHSS /Date

Senior Vice Provost for Global Initiatives
/Date

VP Research/Date (if applicable)

Provost/Date (if applicable)

Date received by OIP _____