



## Drexel University Study Abroad Proposal

Please complete this form in full & return to OIP Suite 235 Randell Hall

**A. 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

Ending date

Sponsoring College/School

Department

Course Name (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)

Emergency Contact Person & Info for Program Director

In Country Partner and Contact Info (if applicable):

B. 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.

C. Prerequisite(s), if any

List prerequisite courses including language instruction: \_\_\_\_\_

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

Participants will be:             Undergraduates             Graduates

This program will be:             Ongoing                       One time offering

E. How will this program be funded, including the salary of the instructor? Include approximation of expenses or attach program budget.

E. Contact in Study Abroad: \_\_\_\_\_

F. 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)

\_\_\_\_\_  
Director, Study Abroad/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 \_\_\_\_\_ Clery Reporting \_\_\_\_\_