College of Charleston  
Center for International Education  
FACULTY PROPOSAL  

2015 Fall program proposal deadline: January 23, 2015  
2016 Spring program proposal deadline: May 15, 2015  
2016 Summer program proposal deadline: August 28, 2015  

Note: A complete proposal with signatures is required for all new programs, and every three years thereafter. For existing programs of less than 3 years with the same director(s), update only the course information, budget and itinerary and return to Center for International Education. However, a complete proposal is also required whenever a new program director directs an existing program or when new courses are offered.

Faculty Member (1) ________________________  Department ________________________  
Office Phone ________________  Email ________________________________  

Faculty Member (2) ________________________  Department ________________________  
Office Phone ________________  Email ________________________________  

Program Destination: __________________________________________  

Program Dates: __________________________________________  

Proposed Course(s): (1) _________________________________________  
(2) _________________________________________  

Note: Each department is responsible for contacting the Registrar’s Office to schedule study abroad courses in the appropriate term. Maximum enrollment should be set at zero. CIE will enroll students in the respective courses at the appropriate time.  

Program Description:  
Provide a brief description of the program: course content, travel plans and any unique features of the program. The educational outcomes must be comparable to the outcomes of a course in the same major or concentration that is offered by the College. The course must be approved by your department chair. A detailed itinerary must be submitted to the Associate Provost for International Education at a date closer to departure.
Faculty Information:

Provide a brief description of the faculty on the program including any prior experience or interests related to the program. This information is important in preparing the flier and recruiting students for the program.

Eligible Participants: (other than degree seeking CofC students)

_____ Visiting College Students
_____ Pre-College Students
_____ Auditing Students
_____ Seniors/Retirees*
_____ Alumni/Community Members*

* Please note that only full tuition paying students can be counted toward the 10 students needed for a full faculty salary.

Special Considerations:

1. Is a visa required of program participants? Yes ___ No ___
2. Are there any immunizations required? Yes ___ No ___
   If yes, please list:  A. ___________________ B. ___________________
   C. ___________________ D. ___________________
3. Are there any physically strenuous activities of which students should be aware? Yes (please describe) ___________________________
Proposed Budget:

**Program budgets should be based on estimates from airlines and/or bonded travel agents.**

Please contact CIE if you need assistance. When talking with agents you should expect them to at least provide the following information/services:

- The least expensive and safest means of air transportation;
- Options for lodging and food;
- Costs of ground transportation;
- Information about any visas or immunizations required;
- Advise on the number of travelers needed to earn free tickets and/or discounts;
- Payment schedules including deposits and final payments for air tickets.

The Program budget should be based on a **minimum of 10 participants** per faculty member. The total per person cost must include all the expenses of the program director(s) including airfare, lodging, food, entrances, ground transportation, incidentals, etc.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare (including taxes/fees)</td>
<td>$__________</td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
</tr>
<tr>
<td>Meals (specify which meals are included)</td>
<td></td>
</tr>
<tr>
<td>Gratuities (tips for tour guides, drivers, etc)</td>
<td></td>
</tr>
<tr>
<td>Ground Transportation while abroad</td>
<td></td>
</tr>
<tr>
<td>Entrance Fees (e.g. museums)</td>
<td></td>
</tr>
<tr>
<td>Travel Agent Fee (if applicable)</td>
<td></td>
</tr>
<tr>
<td>International Student ID card</td>
<td>25.00</td>
</tr>
<tr>
<td>Application fee</td>
<td>50.00</td>
</tr>
<tr>
<td>Study Abroad Medical Insurance (per month)</td>
<td>35.00</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td></td>
</tr>
</tbody>
</table>

**Total per student** $__________

**Student Payment Schedule:** applications and a $550 deposit are due no later than March 2, 2015. Balance of program fee will be posted on student’s account.

**Program Directors may change the deposit deadline only to an earlier date.** Please specify any date change:

Application/Deposit Deadline (other than March 2, 2015): _______________________
**Attestation:**
As the Program director, I attest that I have read and understand the regulations and responsibilities for program directors contained in the *Handbook for Study Abroad Program Directors* and accept my responsibilities as such. I further understand that as Program director abroad I remain an employee of College of Charleston and am subject to the rules and regulations governing employees of College of Charleston and the State of South Carolina.

**Name of Program director(s):** ___________________________ ___________________________

**Signature(s):** ___________________________ ___________________________

**Proposal Review and Approval:**
My signature below attests that I have reviewed the proposal and course syllabi and approve them for the study abroad program. Any significant adjustments to the approved proposal and courses, including program director, will require a new proposal.

______________________________ ________________
Department Chair Date

______________________________ ________________
Dean of School Date

______________________________ ________________
Associate Provost, International Education Date

Once complete, please return the proposal to:
Center for International Education
(Attn: Gabriela (Gaby) Peschiera)
Multicultural Center (207 Calhoun)
Phone: 953-7823
Fax: 953-7663
Email: peschierag@cofc.edu