



LAGRANGE
COLLEGE

Office of Global Engagement
Proposal for Faculty Led Study Away Courses

COURSE INFORMATION:

Term of study away course, please indicate year:

Fall Semester _____ Spring Semester _____ May Away _____ Summer _____ Interim _____

Proposed course title: _____

Department: _____

Offered previously? Yes ___ No ___ If yes, what year? _____

Does it satisfy a Core or major requirement? Yes ___ No ___

Instructor (faculty leader): _____ Overload? Yes ___ No ___

Additional Instructor(s): _____ Overload? Yes ___ No ___

Two faculty members should accompany the course and their costs covered in the budget.

Additional staff: _____

Credit hours: _____

Comprehensive Course dates: _____

Pre-course meetings. When and Where _____

Post-course meetings. When and Where _____

On-Campus course dates: _____

Travel Dates: _____

Program Pre-requisites (Academic, immunizations, medications). Please attach additional documents if necessary:

Evaluation methods: _____

Grading Method: Pass/No credit ___ A--F Scale ___ Student's Choice ___

Maximum Enrollment: _____

Minimum number of students required to hold course: _____

Interim and May Away travel courses require 120 hours of student involvement. Please attach a description of how this will be accomplished, including a proposed in-class meeting schedule as well as out-of-class requirements.

PROGRAM PROMOTION:

Course description (Include learning outcomes, areas of credit-bearing study, description of major projects, and course objectives). Please attach information on a separate sheet.

Target Student Audience? Language, history, theatre, athletes, etc.

ITINERARY, LOCATION AND TRAVEL

Indicate proposed agents or providers (if any) that will be assisting in organizing the program and their contact information:

Attach an itinerary including host country, city location(s), planned activities (lectures, guided tours, classes, etc.), and if transportation will be needed and what kind. Also indicate if any adventure sport activities such as hiking, rafting, scuba, etc., will be part of the course and whether participation by students is required. An Insurance rider will be needed for these activities.

Will these locations, excursions, transportation affect accessibility issues and how will you accommodate student needs?

Are there any visa requirements? Yes___ No___ If so, what is the process for obtaining a visa?

Does the location have any travel advisories, warnings, health or other safety considerations? Yes___ No___

If yes, please explain and describe your safety plan.

BUDGET

Please attach preliminary budget (see budget form).

FOR INTERIM USE ONLY

Meeting time, please check: Morning 8 AM-12 PM ____ Afternoon 12:30—5 PM ____
(Assigned meeting space is reserved for your class during this time period.)

Preferred meeting space (building and room number): _____

Technology requirements of meeting space: _____

Signatures required for all study away travel proposals. They may be electronic and forwarded to the next person in the list:

Course Instructor/Travel Sponsor

Date

Program Coordinator/Supervisor

Date

Department Chair

Date

Coordinator of Global Engagement

Date

Approved Denied Needs Further Discussion

VPAA

Date