



Study Abroad Program Proposal for Faculty Led Programs Abroad (FLPA)

Faculty members must consult with CISP before submitting a proposal for a new program. All completed proposals must be submitted to CISP by the deadline noted.

Faculty Program Director Information: Please list all relevant information regarding CSU faculty that will be participating in the program.

Name of Program Director (Last, First Middle)

Sponsoring Academic Department

Email Address

Campus Address

Campus Phone Number

Abroad Address (Optional)

Program Information:

Program Title

Yes No Is this program being offered for the first time?

Departure Date

Return Date

Yes No Is this an existing program which has been approved & previously offered?

Yes No If this program has been offered before, are there any changes that have been made to the original program? If Yes, please list these changes on a separate sheet.

Program's Main Site(s)

Program Description: Please create an official report for the program that details the following points and attach it to this document.

- Academic Description: Include the educational objectives of the program...
Course Syllabus: Include the syllabus the students will receive...
Pre-Departure: Orientation Schedule and Plan...
In-Country: Daily Itinerary...
Room and Board: Describe location and type of housing...
Transportation: Describe any in-country transportation...
Marketing & Recruitment Strategy: Describe any methods of marketing...
Travel Cost per Student: Use the provided Program Proposal Budget Sheet...
Anticipated Cost to Sponsoring Department or College: Please note if there are any expenses...
Vendors: Please indicate the contact information for any preferred vendors.

**Proposal Approval Process:** Please have this document reviewed, approved and signed by the listed individuals.

*"I have reviewed this faculty-led program proposal and approve the proposal for implementation."*

\_\_\_\_\_  
Department Curriculum Committee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center for International Services and Programs

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Program Cancellation Policy:** I understand that after the selection and development of a program, if student enrollment is too low to cover budgeted costs, or if safety, security or health concerns arise, the CISP reserves the right to cancel the program.

\_\_\_\_\_  
Faculty Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit form to Center for International Services and Programs, MC 106**