

<p>INSTRUCTIONS</p> <p>Please review the <i>Faculty Led Program Proposal Guidelines</i> before beginning.</p> <p>STEP 1: Complete this form.</p> <p>STEP 2: Add required attachments (syllabus, budget, itinerary).</p> <p>STEP 3: Obtain department chair and dean approvals.</p> <p>STEP 4: Submit proposal to the Mercer Abroad office for review.</p>	<p>PROPOSAL CHECKLIST</p> <p><input type="checkbox"/> Approved course(s)</p> <p><input type="checkbox"/> Program dates</p> <p><input type="checkbox"/> Course syllabus/syllabi (attached)</p> <p><input type="checkbox"/> Draft itinerary (attached)</p> <p><input type="checkbox"/> Program budget worksheet (attached)</p> <p><input type="checkbox"/> Volunteer agreement (if applicable)</p> <p><input type="checkbox"/> Chair/dean approval</p>
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PROGRAM INFORMATION

PRIMARY PROGRAM LEADER	DEPARTMENT AND COLLEGE	EMAIL AND PHONE
DESTINATION COUNTRY	SECONDARY LEADER NAME	MERCER DEPARTMENT/COLLEGE
PROGRAM BEGIN AND END DATES	PROGRAM PROVIDER (IF APPLICABLE)	VOLUNTEER CREDENTIALS (IF APPLICABLE)
<p>SECONDARY LEADER DESCRIPTION:</p> <p><input type="checkbox"/> Mercer full-time faculty</p> <p><input type="checkbox"/> Mercer adjunct faculty</p> <p><input type="checkbox"/> Mercer staff member</p> <p><input type="checkbox"/> Qualified volunteer*</p> <p><input type="checkbox"/> Provided by approved partner*</p> <p>*See <i>Guidelines</i> document for details</p>	<p style="text-align: center;">U.S. DEPARTMENT OF STATE TRAVEL ADVISORY LEVEL**</p> <p><input type="checkbox"/> 1 Exercise normal precautions</p> <p><input type="checkbox"/> 2 Exercise increased caution</p> <p><input type="checkbox"/> 3 Reconsider travel</p> <p><input type="checkbox"/> 4 Do not travel</p> <p>**Visit the U.S. Department of State website to find out the travel advisory level for your destination and to review specific safety information.</p>	

COURSE TYPE

- Optional add-on experience to existing course (any student can participate)
- Embedded in fall/spring term course (only students enrolled in parent course may participate)
- Stand-alone course/experience abroad
- Other _____

COURSE(S) TAUGHT BY PRIMARY LEADER	COURSE CODE(S)	CREDIT HOURS
COURSE(S) TAUGHT BY SECONDARY LEADER OR PROGRAM PROVIDER	COURSE CODE(S)	CREDIT HOURS

APPROVALS

DEPARTMENT CHAIR NAME	SIGNATURE	DATE	MU EXTENSION
DEAN NAME	SIGNATURE	DATE	MU EXTENSION

ACTION ITEMS: OIP STAFF

DATE RECEIVED	OIP STAFF INITIALS	STATUS (COORDINATOR OR DIRECTOR)	SIGNATURE	DATE
		<input type="checkbox"/> Returned to faculty for editing		
		<input type="checkbox"/> Approved and moved to recruitment & final drafts		
		<input type="checkbox"/> Other		