

# **New Faculty-Led Program Proposal:**


## **Domestic and International Programs**

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**PLEASE TURN IN COMPLETED PROPOSALS TO CENTER FOR EDUCATION ABROAD  
AND AWAY (CEAA) – do not route to Global Education.  
THANK YOU!**

**CENTER FOR  
EDUCATION  
ABROAD & AWAY**

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 MINNESOTA STATE UNIVERSITY MANKATO

**Address:** Morris Hall 002 (Lower Level)  
Mankato, MN 56001  
**Tel:** 507-389-1341  
**Fax:** 507-389-1314  
**Email:** [ipo@mnsu.edu](mailto:ipo@mnsu.edu)

**Website:** <http://www.mnsu.edu/studyabroad>

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### GLOBAL EDUCATION

#### **Interim Dean of Global Education**

Dr. Anne Dahlman

[anne.dahlman@mnsu.edu](mailto:anne.dahlman@mnsu.edu); 507-389-1488

#### **Administrative Assistant**

Katherine Nelson

[Katherine.nelson-3@mnsu.edu](mailto:Katherine.nelson-3@mnsu.edu); 507-389-2900

### CENTER FOR EDUCATION ABROAD AND AWAY

#### **Director**

Erica Johnson

[erica.johnson@mnsu.edu](mailto:erica.johnson@mnsu.edu); 507-389-6724

#### **Education Abroad Advisor**

Anna Ochs

[Anna.ochs@mnsu.edu](mailto:Anna.ochs@mnsu.edu) 507-389-6669

#### **Education Abroad Graduate Assistant**

Daniela Rojas Abramo

[daniela.rojasabramo@mnsu.edu](mailto:daniela.rojasabramo@mnsu.edu) 507-389-1341

#### **Education Abroad Main Office**

[ipo@mnsu.edu](mailto:ipo@mnsu.edu) 507-389-1341

## ***New Faculty Led Program Proposal (International)***

### ***I. Program Overview***

Official Program Title: Click or tap here to enter text.

Proposed Course Term:       fall           spring           summer

Proposed Program Departure: Click or tap to enter a date.

Proposed Program Return: Click or tap to enter a date.

Destination(s): Click or tap here to enter text.

Are you using a provider to help with logistics?       Yes       No

If yes, please provide the **company name, contact person, email and phone number.**

Click or tap here to enter text.

Total Faculty Funding Request from Global Education (Available for spring and fall terms only):

Click or tap here to enter text.

### ***II. Faculty Leader Information***

1. **First Faculty Leader:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Instructor of record for course(s):** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text.

**Please describe any previous experience you may have in the destination country/countries:**

Click or tap here to enter text.

**Please describe previous experience you have with leading student groups:**

Click or tap here to enter text.

2. **Second Faculty Leader:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Instructor of record for course(s):** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text.

**Please describe any previous experience you may have in the destination country/countries:**

Click or tap here to enter text.

**Please describe previous experience you have with leading student groups:**

Click or tap here to enter text.

*III. Executive Summary*

**Please provide a concise summary of your proposed program. Please provide the program’s goals abroad or domestically; objectives, and explain how this program will benefit Minnesota State University students.**

Click or tap here to enter text.

**How does this program meet department or college’s goals and needs?**

Click or tap here to enter text.

**What is the academic rationale for conducting this program abroad?**

Click or tap here to enter text.

**What level of student demand for this country/region do you expect? Please demonstrate demand in your answer. List**

Click or tap here to enter text.

*IV. Academic Information*

Course Title	Course #	Section	Credits	Approved as Gen. Ed.		
<i>(Example)</i> <i>The Geography of Down Under</i>	<i>GEOG 250</i>	<i>01</i>	<i>4</i>	<input checked="" type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive

**If this is a new course, has it been approved by UCAP?** Yes No

**In terms of attracting students to your program, list the academic program(s) you will target for marketing purposes.**

Click or tap here to enter text.

**Our program anticipates being able to recruit 10+ students for the course.**  Yes  No

**If No, what will prevent your program from reaching 10+ participants?**

Click or tap here to enter text.

**List marketing and outreach strategies you will use to recruit students on your program**

Click or tap here to enter text.

**Minimum GPA required (if different from the default of 2.5):** Click or tap here to enter text.

**Are there any pre-requisites for this program?**  Yes  No

**If yes, please list the pre-requisite(s):** Click or tap here to enter text.

**Required class status:**

n/a  First Year  Sophomore  Junior  Senior  Graduate Student

**I have included the following required documents (please check):**

- Syllabus
- Initial Itinerary
- IRB approval (if applicable)

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### *V. Orientation Programming*

All students participating in a study abroad or away program must attend an in-person pre-departure orientation organized by the Center for Education Abroad and Away, as required by University policy.

**Please indicate here if you would prefer CEAA to deliver a program specific pre-departure orientation for your students or if you will be directing your student to attend a general CEAA pre-departure orientation.**

- I would prefer to organize a program specific pre-departure orientation.
- I would prefer students to attend a general pre-departure orientation session.

**As required by University policy and Minnesota State policy, all students participating in a study abroad or away program must receive an on-site orientation. Please provide information on who will conduct the on-site orientation and what information will be disseminated to students.**

Click or tap here to enter text.

### *VI. Health, Safety and Security*

#### ***Risk Management Agreement***

I have reviewed the country specific information for the program's destination(s) on the U.S. [Department of State](#) website and the Traveler's Health information on the [Centers for Disease Control and Prevention](#) website. I am aware that if my desired destination is a Level 3 on the U.S. Department of State Travel Advisory site, I am required to complete additional approval steps found on the [Global Education](#) website. I am aware that no MSU program will be permitted to travel to countries listed as Level 4 on the Department of State Travel Advisory site.

Additionally, if your program includes identifiable risky activities, including, but not limited to, the activities not covered by GeoBlue insurance, you must consult with [Chandler Holland](#), the Director of MSU Environmental Health and Safety and Risk Management. Once you obtain written approval for your

proposed activities, please attach the approval to this proposal and check the box below to indicate that you have completed this step. Some examples of risky activities include scuba diving, sky diving, parasailing, hang gliding, parachuting, or bungee jumping.

Minnesota State Environmental Health and Safety  
Office Special Permission (if applicable)

I have considered the possible risks to participants involved in this program, and I have read and will comply with my obligations under:

1. Minnesota State procedure 5.19.3: <http://www.mnscu.edu/board/procedure/519p3.html>;
2. Minnesota State University, Mankato's policy on University-Sponsored Education Abroad Programs:  
<https://www.mnsu.edu/policies/approved/universitysponsorededucationabroadprograms.pdf>;
3. Minnesota State procedure 3.41.1
4. Minnesota State Mankato's Employee Code of Conduct:  
<http://www.mnsu.edu/hr/supertool/codeofconduct.html>;
5. Minnesota State Employee Code of Conduct:  
<http://www.mnscu.edu/board/procedure/1c0p1.html>; and
6. Minnesota State Mankato's Policy on Alcohol and Other Drug Use:  
<http://www.mnsu.edu/policies/approved/alcoholdrugotheruse.pdf>.

Please Note: Detailed information regarding medical facilities/providers and contact information for all overnight stays will be required in the completion of the Destination Details document.

**Please complete and submit the Destination Details (attached at the end of this proposal) one month prior to your departure date to the Center of Education Abroad and Away.**

I will complete the detailed information regarding medical facilities/providers and contact information for all overnight stays in the required Destination Details. I will complete and turn this form into the Center for Education Abroad and Away **one month prior to departure**.

#### **Contingency Plans:**

I have outlined the following contingency plan in the event of an emergency (when there may not be a second faculty or program provider available). What is your plan? How will you keep your students safe while addressing any unexpected emergency?

Click or tap here to enter text.

**I understand that signing here acknowledges that I have read and understand all parts of the risk management agreement.**

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**Faculty Leader 1 (original signature)**

**Date**

---

Faculty Leader 2 (original signature)

Date

*VII. Budget, Program Administration and Policies for Withdrawals and Cancellations*

Students who wish to participate in your program must first apply through the Center for Education Abroad and Away’s on-line application system – called Terra Dotta (formerly StudioAbroad). CEAA staff members ensure that students meet the minimum requirements to participate on a study abroad or away program. If your program requires a different process, please contact CEAA. **Students should only be encouraged to register for the course or program after they have completed the program application AND been vetted by the faculty leader and a CEAA staff member.**

Please outline the following program policies:

**Behavioral expectations, including clear definition of behavior that warrants dismissal of a student from your program:** Click or tap here to enter text.

**Refund policy:** Click or tap here to enter text.

**Medical/Compassionate withdrawal policy (what is your policy and how will you handle any withdrawal or refund should a student request this for medical reasons):** Click or tap here to enter text.

**Cancellation Policy:** What is your cancellation policy? If you are working with a program provider please be sure to obtain their cancellation policy in writing. In all cases, cancellation policies must be delivered in writing (and verbally) to all program participants to ensure that all participants have a clear and unequivocal understanding of any consequences related to cancelling their participation on your course.

**I understand this request and will provide a cancellation policy to all participants at the earliest time possible:**

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Faculty Leader 1 (original signature)

Date

---

Faculty Leader 2 (original signature)

Date

**Faculty Leader Expenses:**

Calculate the faculty leader salary and expenses using the [Faculty Leader Salary and Expenses form below](#). Please be aware that Global Education cannot guarantee funding for your program. GEAC (the Global Education Advisory Council) and the Director for the Center for Education

Abroad and Away will review applications and make final recommendations to the Dean of Global Education. The Dean of Global Education will review all program funding requests and will have final say on approval or non-approval of the funding requests. To increase your chances of receiving full funding, we highly recommend working closely with the Center for Education Abroad and Away. *(Please note: Summer programs are not eligible for Global Education faculty funding.)*

**Please complete the student budget for this program (links below) and indicate the course fee per-student cost. (This is not the total out of pocket expense to students – but rather it is the course fee that will be billed to the student upon registration for your course).**

**§ [Click or tap here to enter text.](#)**

**Calculate this cost using the [Student Budget: Domestic Program](#) or [Student Budget: International Program](#) forms below.** We realize that it may be difficult to provide budget details many months in advance; however, provide your best estimates and CEAA will work with you on budget specifics and modifications as the time for the program approaches. A final course fee request is due one month before student registration for your program begins.

***Once Sections I-VII of this proposal are complete, proceed to Section VIII (Academic Endorsements) on the following page and secure all appropriate signatures.***



**VIII. Academic Endorsements**

Your signature below indicates your approval of this study abroad or away program and you agree to the following:

- This program contributes to the teaching goals of the department and major.
- All course numbers listed exist as Minnesota State University, Mankato courses and have been approved through the University curriculum review process.
- The department will support the program through promotional activities, academic advising, course scheduling **and verification of participant registration in the program courses.**

*If a program offers courses in more than one department, approval must be obtained from each department.*

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*Faculty Leader 1*                      *Print Name*                      *Department*                      *Date*

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*Faculty Leader 2*                      *Print Name*                      *Department*                      *Date*

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*Department Chair*                      *Print Name*                      *Department*                      *Date*

---

*Department Chair*                      *Print Name*                      *Department*                      *Date*

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*Dean*                      *Print Name*                      *Department*                      *Date*

---

*Dean*                      *Print Name*                      *Department*                      *Date*

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*Dean of Graduate Studies (if applicable)*                      *Print Name*                      *Date*

**For Global Education Use Only**

**CEAA Director**                       Recommended  
 Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean of Global Education**                       Approved  
 Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GEAC**                       Recommended  
 Not Recommended

**Approval includes approval of request to charge student course fee.**

*Supporting Documents*

*Faculty Leader Salary and Expenses*

Together with the faculty leaders, the College Dean’s Office should calculate and complete each leader’s salary and expenses.

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**Faculty Leader 1:** Click or tap here to enter text.

**This course will be offered:**     In-load                       Over-load

**If overload, please provide the reason why this course is considered overload for the faculty leader:** Click or tap here to enter text.

**The instructional cost for the faculty leader on overload is \$**Click or tap here to enter text.

	Amount Requested of Global Education	Estimated amounts you will be using from other sources
Salary	Click or tap here to enter text.	Click or tap here to enter text.
Transportation	Click or tap here to enter text.	Click or tap here to enter text.
Accommodations	Click or tap here to enter text.	Click or tap here to enter text.
Per Diem	Click or tap here to enter text.	Click or tap here to enter text.
<b>Total</b>	Click or tap here to enter text.	Click or tap here to enter text.

.....

**Faculty Leader 2:** Click or tap here to enter text.

**This course will be offered:**     In-load                       Over-load                       Not Applicable

**If overload, please provide the reason why this course is considered an overload for the faculty leader:** Click or tap here to enter text.

**The instructional cost for the faculty leader on overload is \$**Click or tap here to enter text.

	Amount Requested of Global Education	Estimated amounts you will be using from other sources
Salary	Click or tap here to enter text.	Click or tap here to enter text.
Transportation	Click or tap here to enter text.	Click or tap here to enter text.
Accommodations	Click or tap here to enter text.	Click or tap here to enter text.
Per Diem	Click or tap here to enter text.	Click or tap here to enter text.
<b>Total</b>	Click or tap here to enter text.	Click or tap here to enter text.

.....

## Student Budget: Domestic Programs

The categories below are used to determine the course fee and possible additional financial aid for qualifying student. **Please detail per-student cost information. Tuition is not included here and will be assessed to the student after the student enrolls in the course.**

Explanation	Budget Category	Estimated Cost
<p>Elements to be included in the <b>course fee are all items to the right.</b></p> <p><b>When is the course fee billed?</b> The course fee is billed to students when they register for your course. Once paid by students, the course fees go into <b>your program cost center</b> and you will use these fees to pay for your program expenses.</p>	Room	Click or tap here to enter text.
	Group meals you want included as part of their course fee (for example – the cost of all breakfasts and 3 group dinners to be included here)	Click or tap here to enter text.
	Airfare	Click or tap here to enter text.
	Local transportation	Click or tap here to enter text.
	Miscellaneous ( Or - if you are using a Program Provider who charges you a flat rate per student – please indicate here everything this flat rate includes: Click or tap here to enter text.	Click or tap here to enter text.
	<i>a. Course fee = <b>Subtotal A</b></i>	\$Click or tap here to enter text.
<p>Additional elements students will pay on their own (outside of the course fee).</p>	Personal costs for laundry, hygiene, etc. \$50/week allowed	Click or tap here to enter text.
	Cost of all other meals students will need to cover on their own	Click or tap here to enter text.
	<i>b. Two elements above = <b>Subtotal B</b></i>	\$Click or tap here to enter text.
<p><b>A and B</b> are considered when determining potential financial aid awards</p>	<b>Total Domestic Program Cost = (a + b)</b>	\$Click or tap here to enter text.

If you left any of the above categories blank, please explain your reason for doing so here:  
Click or tap here to enter text.

## Student Budget: International Program

The categories below are used to determine the course fee and possible additional financial aid for qualifying student. **Please detail per-student cost information. Tuition will be added to the total at the student's regular tuition rate.**

Explanation	Budget Category	Estimated Cost
<p>Elements to be included in the <b>course fee are all items to the right.</b></p> <p><b>When is the course fee billed?</b> The course fee is billed to students when they register for your course. Once paid by students, the course fees go into <b>your program cost center</b> – and you will use these fees to pay for your program expenses.</p>	Room	Click or tap here to enter text.
	Group meals students don't pay for individually as part of program fee	Click or tap here to enter text.
	Airfare	Click or tap here to enter text.
	Local transportation	Click or tap here to enter text.
	Entry visas (if needed)	Click or tap here to enter text.
	Miscellaneous Please list what is included in your program fee: Click or tap here to enter text.	Click or tap here to enter text.
	<i>a. Course fee = <b>Subtotal A</b></i>	<b>\$</b> Click or tap here to enter text.
<p><b>These costs are billed directly to the student's E-Services account</b></p>	Student Health Insurance (GeoBlue) 1-7 days: \$13.05 8-14 days: \$26.10 <b>Please confirm cost with CEAA.</b>	Click or tap here to enter text.
	StudioAbroad Fee	\$30.00
<p>Additional elements students will pay on their own (outside of the course fee). These costs are not billed to students – but instead, students will pay out of pocket for these expenses.</p>	<i>b. Additional costs students will need to budget for = <b>Subtotal B</b></i>	<b>\$</b>
	Personal costs for laundry, hygiene, etc. (\$50/week allowed)	Click or tap here to enter text.
	Meals covered by students individually	Click or tap here to enter text.
	<b><i>If program requires students to have a passport, the following element must be added and will appear in StudioAbroad as documentation for Student Financial Aid</i></b>	
	Passport (if needed)	\$ 148.00
	<i>c. Additional amount eligible for Financial Aid = <b>Subtotal C</b></i>	<b>\$</b>
<p><del>A and B and C are considered when determining potential financial aid awards</del></p>	<p><b>Total Program Costs that will appear on EAA budget sheet = (A + B + C)</b></p>	<b>\$</b> Click or tap here to enter text.

If you left any of the above categories blank, please explain your reason for doing so:  
Click or tap here to enter text.