

Faculty Led Program Proposal 2023-2024

I. Program Overview

Official Program Title:

Proposed Course Term and Year: _____ Fall _____ Spring _____ Summer

Proposed Program Departure:

Proposed Program Return:

Destination(s):

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

If yes, have you identified a provider? ☐ Yes ☐ No

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

II. Faculty Leader Information

First Faculty Leader:

Department:

Instructor of record for course(s):

Email:

Cell Phone:

1. **Second Faculty or MSU Staff Leader-must be officially affiliated with the University (note: GA. Community member, significant others not applicable):**

Department:

Instructor of record for course(s):

Email:

Cell Phone:

***If your program has limitations on the ability to fund a second faculty/staff leader, please connect with Anna Ochs/Center for Global Engagement staff for options regarding additional support.**

Program Summary

Please provide a concise summary of your proposed program. Include the programs goals & learning outcomes, objectives, and explain how this program supports the broader internationalization efforts of your college and the University. Additionally, explain how this program will benefit and support Minnesota State University students' high-impact practices.

Please include any plans to enroll non-degree seeking or others who are not full-times students at MSU

III 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
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive

Do you anticipate being able to recruit 10+ students for the program? ☐ Yes ☐ No

Has your department(s) Chair(s) approved your program proposal and any associated costs the department(s) may encumber for the program? ☐ Yes ☐ No

Has your college(s) Dean(s) approved your program proposal and any associated costs the College/department may encumber for the program? ☐ Yes ☐ No

Risk Management Agreement

Please review 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. Programs are able travel internationally if the desired destination is a level 1 or 2 on the State Travel Advisory site. If the desired destination is a Level 3 or 4 on the U.S. Department of State Travel Advisory site, faculty will be required to complete additional approval steps found on the [Global Education](#) website.

Additionally, if the 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 the 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 Description document.

This will be provided by the Center for Global Engagement, one month prior to your departure date.

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

_____ (Check to indicate your agreement to provide the Destination Description).

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 emergency?

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.

<i>Faculty Leader 1</i>	<i>Print Name</i>	<i>Department</i>	<i>Date</i>
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<i>Faculty Leader 2</i>	<i>Print Name</i>	<i>Department</i>	<i>Date</i>
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<i>Department Chair</i>	<i>Print Name</i>	<i>Department</i>	<i>Date</i>
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<i>Department Chair (if applicable)</i>	<i>Print Name</i>	<i>Department</i>	<i>Date</i>
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<i>Dean</i>	<i>Print Name</i>	<i>College</i>	<i>Date</i>
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<i>Dean (if applicable)</i>	<i>Print Name</i>	<i>College</i>	<i>Date</i>
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