

FACULTY-LED PROGRAM RENEWAL

I. FACULTY-LED PROPOSAL

1. Program Title: _____

2. Program Director(s):

Name	College	Department	Email

3. Accompanying Faculty or Graduate/Teaching Assistant

Please indicate if you will have additional faculty accompany you on the program. If additional colleagues have not been specifically identified, please indicate how many and TBA.

Name	College	Department	Email

4. Program Dates:

Student Departure Date Student Return Date

If you will not be departing and returning at the same time as students, please indicate your travel dates as it relates to this program:

Departure Date Return Date

5. Program Term

6. Global Competency:

All faculty-led programs must identify at least one of the following items that is incorporated intentionally into their on-ground program. Research shows that these activities, done in an intentional manner, contribute to students' growth in global competency.

<input type="checkbox"/>	Homestay(s)
<input type="checkbox"/>	Meeting with experts in host country
<input type="checkbox"/>	Co-teaching by host country faculty
<input type="checkbox"/>	Service-learning project
<input type="checkbox"/>	Educational interaction with host country faculty or students
<input type="checkbox"/>	Research project in host country

7. Document any changes from prior approved program: (e.g. course change, location changes, eligibility, length, tour operators, etc.)

II. BUDGET PROPOSAL

Please complete the separate Budget Proposal to determine your program costs per participant. Study Abroad reserves the right to adjust the budget upon receiving the final copy based on allowable program expenses, viability of program cost, and other factors. For assistance with completing your Budget Proposal prior to submission, please contact Study Abroad at facultyled@lsu.edu.

III. COLLEGE & DEPARTMENTAL APPROVAL

Please complete one form per faculty teaching courses during the program. All credit-bearing experiences must attach a syllabus for each course offered to the faculty-led proposal for Dean, Department Chair, and Study Abroad review and approval.

1. Course offering(s):

Course Name	Course Number	Credit Hours	Instructor of Record	Add'l Pre-Reqs

Registration in the course(s) will be limited to students enrolled in the program through Study Abroad only. Due to travel risks as determined by the State Department, the Center for Disease control, and LSU's International Travel Oversight Committee; financial insolvency; or under-enrollment, etc., the University reserves the right to modify or cancel this program.

Note to Deans/Chairs: By signing below, I approve of this program and courses, and grant Study Abroad permission to set up a section of this course during the term indicated.

Faculty Teaching Course **Date**

Department Chairperson **Date**

Dean of College **Date**

Graduate School (for courses 4000-level or higher) **Date**