



GLOBAL EDUCATION EXPERIENCE TRAVEL SEMINAR PROPOSAL

1. Destination of travel seminar: _____

2. Term/semester of travel seminar: _____

3. Date of travel seminar: Winter Break Spring Break Summer

4. Academic school(s) sponsoring the travel seminar: _____

5. Lead full-time faculty member (Must have academic travel experience): _____

a. Email: _____

b. Phone number with extension: _____

6. Co-trip leader: _____

a. Email: _____

b. Phone number with extension: _____

Alternate Co-trip leader: _____

a. Email: _____

b. Phone number with extension: _____

7. Proposed travel seminar course title and code: _____

a. Has this course been approved? No Yes If yes, when? _____

b. Is there a pre- and/or co-requisite course(s) No Yes

If yes, course title(s) and code(s): _____

8. Are there additional course options? No Yes

If yes, second proposed travel seminar course title and code: _____

a. Has this course been approved? No Yes If yes, when? _____

b. Is there a pre- and/or co-requisite course(s) No Yes

If yes, course title(s) and code(s): _____

If yes, third travel seminar course title and code: _____

a. Has this course been approved? No Yes If yes, when? _____

b. Is there a pre- and/or co-requisite course(s) No Yes

If yes, course title(s) and code(s): _____

9. Number of travel seminar participants: Minimum _____ Maximum _____

10. Are funds for this travel seminar attached to a grant? No Yes

a. Name of grant: _____

b. Are there any regulations or restrictions attached to this grant? No Yes

Date of Committee Review _____

*Approved Denied

Comments: _____

Signature: _____

Chair, Global Education Study Abroad Subcommittee

***Upon approval, please submit the following:**

Syllabus(i), including Course Description and Learning Outcomes

Itinerary

Preliminary Budget

Grant Regulations/Restrictions, if applicable

Signature of School Dean _____ Date _____

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