

On-Campus International Program Proposal



Name of faculty Member submitting this application: _____

Title and Department: _____

Date: _____

E-mail address: _____

Campus Address: _____

Campus Phone: _____

Instructions: The purpose of this form is facilitate an initial discussion with your Department and School about your program concept, both to confirm their interest in supporting the program and to identify issues to address in your full proposal. Please *briefly* summarize your proposed course below and, after discussing the idea with your chair and associate dean, ask them to review and sign the form. Please submit your completed form to Mary Schlarb, Director of International Programs, who will contact you to discuss development of your full proposal, which will be reviewed by IPO, the College Study Abroad and Exchange Review Committee, the Provost, and SUNY System.

Program Name: _____

International Partner (Name and Country): _____

Group Description (e.g., science teachers from Thailand): _____

Number of Participants: _____

Sponsoring Department: _____

Program Dates: _____

Accommodations: _____

I. Program Description

Please briefly describe the program.

II. Educational Objectives and Outcomes

Please briefly describe the educational objectives and anticipated outcomes of the program/training/course to be offered.

III. Program Itinerary

Please provide an overview of the program itinerary, including class visits, workshops, activities, meals, and a general outline of each day of the program. Include how participants will be transported or accompanied to activities (e.g., van to Buttermilk falls, student accompanies participants to visit a class, etc.). For each class visit, include specific details of which participants will visit which classes.

IV. Meals, Transportation, and Accommodations (please describe)

V. Activities designed for cross-cultural experiences

Briefly describe activities or facets of the program's structure that will give participants the opportunity to interact with people from Cortland and learn about the local history and culture (e.g., home stays, school visits, host student mentors, etc.).

VI. Language preparation

If the program will take place in a non-English-speaking country, please indicate how participants will be prepared with basic language skills prior to their departure or onsite.

VII. Departmental Resources and Program Staffing

Please indicate which faculty or staff will assist with the program. Describe what other departmental resources may be required, such as student supervision and course coverage. Please also list any non-SUNY Cortland employees who will provide support for the program, such local schools, colleagues or institutional partners.

Department/School Approval and Support

Department Chair:

_____	_____	_____
Name	Signature	Date

Dean or Designee

_____	_____	_____
Name	Signature	Date