



# TAMIU FACULTY-LED PROGRAM PROPOSAL

DIVISION OF INTERNATIONAL PROGRAMS

Office of International Education

Phone: (956) 326. 2565 Fax: (956) 326. 2779

E-mail: [studyabroad@tamiu.edu](mailto:studyabroad@tamiu.edu)

URL: [www.tamiu.edu/dip/oie](http://www.tamiu.edu/dip/oie)

Dear faculty,

Thank you for your interest in developing a faculty-led study abroad program. This will be a valuable learning experience for both you and your students. Your students will not be learning only from you, but also from the new environment that they are being exposed to. Likewise, you will learn from your students and your international experience.

Your proposal must consist of following in order to be considered:

- Program application
- Dean Recommendation Letter
- Course syllabus
- Tentative Program Itinerary
- Budget

If you have any questions about the application process, feel free to contact us. We will gladly sit down with you to explain the process and to provide assistance where needed. Also remember that other experienced professors on campus can be a useful resource.

We look forward to receiving your proposal.

Sincerely,

Jannet Garcia



# TAMIU FACULTY-LED PROGRAM APPLICATION

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## PERSONAL INFO

Name \_\_\_\_\_

College / Department \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## PROGRAM INFO

Proposed Country(ies) \_\_\_\_\_ City(ies): \_\_\_\_\_

Est. Departure Date \_\_\_\_\_ Est. Return Date \_\_\_\_\_

Est. Minimum Enrollment \_\_\_\_\_ Est. Maximum Enrollment \_\_\_\_\_

Do you plan to work with a third-party provider for logistical arrangements?  Yes  No

If yes, who is this provider? \_\_\_\_\_ If no, briefly describe your experience in country.

What are the housing arrangements?

What are the class room arrangements?

Anticipated Program Excursions /Field Trips (List city OR activity)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

Names of collaborating faculty (TAMIU and other), if any:

**ACADEMICS**

Is there a language requirement for your study abroad program?  Yes  No

If yes, what language? \_\_\_\_\_  Beginner  Intermediate  Advanced

Is there a research component associated with this program?  Yes  No

If yes, please describe

Proposed course(s) to be taught:

Course Number	Course Title	SCH	Faculty Teaching

If cross-listed, complete following

Course Number	Cross-listed Course Number:	Course Title:	SCH

**OPEN QUESTIONS**

1) What is the rationale for teaching these course(s) abroad?

2 ) What are the academic objectives of course(s) and how will you measure learning outcomes? List these separately for each course.

3) How will you systematically integrate cultural immersion opportunities for students?

4) What relevant health and safety issues need to be considered in approving this program?

Program Leader Signature:	Date:
Department Chair Signature:	Date:
Director, OIE Signature	Date:
Assoc. VP, International Programs Signature:	Date:
Provost and VP for Academic Affairs Signature:	Date: