

SUBMIT ENTIRE PROPOSAL PACKET TO GEO

Name: _____

Organization or Department: _____

Email: _____ Phone: _____

Program Leader Signature: _____

Trip Information

City/Country: _____

Term and Dates of Trip: [Click a date.](#) to [Click a date.](#)

Do you have an alternative location? Yes No

If yes, were? _____

The program will offer credits for: ___ Graduate students ___ Undergraduate students
___ N/A (not for credit)

Describe the following elements:

Program description

Program activities: preliminary list of all possible program excursions, cultural visits, lectures and plans for intercultural learning and language acquisition-if applicable (**Attach Itinerary**)

Leader's international experience, group leadership experience, language skills relevant to the chosen site, and how any language barriers will be addressed (hiring of translators etc)

Marketing and application plan: (target audience, pre-requisites, size of group-minimum and maximum, recruitment activities, promotional materials and resources available, timeline, application process). Would you be willing to open enrollments to other USNH institutions to secure enrollment goals?

Housing, meals, and transportation plan

Back up leader's name, title, and field experience



Student Club and Organization Off-Campus Travel Roster

	Name	PSU ID #	Class Standing	Personal Cell Phone #	PSU Email (@plymouth.edu)
1			Choose an item.		
2			Choose an item.		
3			Choose an item.		
4			Choose an item.		
5			Choose an item.		
6			Choose an item.		
7			Choose an item.		
8			Choose an item.		
9			Choose an item.		
10			Choose an item.		
11			Choose an item.		
12			Choose an item.		
13			Choose an item.		
14			Choose an item.		
15			Choose an item.		

Program Leader Responsibilities Acknowledgement

In addition to the common leadership duties, I understand that Int'l Programs (IP) include additional duties and responsibilities, in which I will be expected to take an active role. Additional duties/responsibilities may include, but are not limited to the following:

- FOR CREDIT-BEARING PROGRAMS ONLY: Assurance that the proposed IP is an academic, credit bearing program for all participants.
- FOR CREDIT-BEARING PROGRAMS ONLY: Arrange for CRN assignment with the Registrar
- Marketing of program and recruitment of students as well as participation in all activities related to marketing and recruitment for the IP (website, flyers, fairs, info sessions, etc.)
- Working with your provider, ensure all local arrangements are made— logistic, transportation, site visits, accommodation.
- Notify GEO of any proposed changes in itinerary, participants etc. Changes to the original program must be approved in advance by GEO and in consultation with Deans (by a pre-determined deadline agreed upon by GEO and faculty).
- Complete IP risk management orientation with GEO and Provider, including review of all PSU policies.
- Familiarize yourself with the Department of State's and CDC's website relative to the country you will be traveling to.
- Work with GEO to conduct a pre-departure orientation* with students. [*GEO will determine content regarding travel, safety, liability, etc.] Attendance of pre-departure orientation is required by all trip participants.
- Attend P-card training and manage and account for all funds related to the IP – before, during and after the program, consistent with University policy
- Have a working cell/satellite phone available at all times while away during the entire duration of the IP.
- Obtain proof of any required vaccines, etc, by participants
- Obtain 'thumb drive' of participant documents (ie passports, etc) from GEO
- Notify GEO upon the group's arrival and return.
- Accompany students to all IP scheduled activities and develop a student supervision mechanism during the entire IP while away.
- Assist the Provider in mediating language difficulties, cultural sensitivities and local community relations for students
- As a result of these additional responsibilities, understand that family members or friends may not accompany you on this trip.

- Submit all travel expense forms/pcard receipts within 10 days of your return, or as required/dictated by Financial Service Center (FSC).
- Participate in a debriefing meeting with GEO within 2 weeks of your return

Leader Printed Name

Leader Signature

DATE

Program Leader Risk Evaluation Form

Before approving an international abroad program, it is important to evaluate any unusual or elevated risks that may have an impact on participant well-being. By signing this form, you verify that you have considered the risk factors participants may encounter while abroad. You also verify that the required supplemental documents (listed below) addressing the program's liability, health and safety are accurate, to the best of your knowledge. Finally, by signing you verify to work with the chosen third-party provider on all aspects of logistics and management of the trip while in-country.

Is there currently a State Department Travel Warning or Alert for the program location? If yes, please specify Warning or Alert. [NOTE: PSU does not allow trips/programs to travel to countries with Level 3 or Level 4 travel warnings, or specific types of Level 2 warnings.]

Outline medical or health risks in the country/region (vector-borne diseases, accidents, injuries, epidemics, etc.)

List required or recommended vaccinations or medications.

Outline any additional risk factors participants should be aware of (crime, environmental, sociopolitical, etc.)

Leader Printed Name

Leader Signature

Date

Program Approval Form

Leader: Please bring your proposal and supporting documents to the relevant Cluster leader or Office supervisor for approval. GEO will work with Contract Services for securing approval of finalized contract.

Name of Program Leader: _____

Program (or Course) Title /: _____/CRN _____

Destination: _____

Proposed Term: _____ Tentative Dates: _____

Cluster or Office Director:

I have reviewed this proposal and approve the leader named above to submit this program/course as an education abroad short-term program.

Printed Name

Signature

Date

SHORT TERM PROGRAM INFORMATION AND COSTS FORM

Name of Program/Destination: _____

Program/Faculty Leader(s): _____

Title of Course/Club Title: _____ CRN: _____

Course Dates (if applicable): _____

Travel Dates: From _____ to _____

<i>Term (Check one)</i>	<i>Student Status</i>	
Summer Session	Graduate-credit	
Fall	Undergraduate-credit	
Early Spring	Non-credit	
Spring		

Estimated Program Costs*

Out-of-Pocket

Billed Course Fee
(or allocated funds)*

Tuition & Fees (if applicable)	_____	_____
Application Fee to Study Abroad*	_____	_____ 50 _____
Insurance (CISI)	_____	_____ 39 _____
Flight	_____	_____
Country Entry/Exit Fee	_____	_____
Transportation (on location)	_____	_____
Accommodations:		
Room	_____	_____
Meals	_____	_____
Books/Supplies	_____	_____
Passport	_____	_____
Visa	_____	_____
Event/Entry Fees (Entertainment)	_____	_____
Event/Entry Fees (Educational)	_____	_____
Registration Fee	_____	_____
Immunizations	_____	_____
Other (incidental expenses)	_____	_____
Faculty related fees	_____	_____
Baggage/travel fees	_____	_____
Total Costs	_____	_____

***Some costs are estimated based on enrollment levels and currency exchange rates.**

LEADER SIGNATURE: _____ DATE: _____

Enrollment period- _____

1st Deposit amount _____ **1st Deposit date due** _____ **refundable until** _____

Final payment _____ **Date due** _____ **non-refundable** _____

*If a student club or organization, use CEA or Allocation budget form to complete.

*Only applies to Course-Embedded Trips