Name: ____________________________________________________________________

Department: __________________________________________________________________

Email: _________________________________________ Phone: _____________________

Program Leader Signature: ___________________________________________________
Cluster Leader Signature: ____________________________________________________

Course Information

Preliminary Course Title: ___________________________________________ CRN: _____________

Country/City: ___________________________________________________________________

Term and Dates of Trip: __________________________________________________________

Do you have an alternative location?        ☐ Yes          ☐ No
If yes, were? ________________________________________________________________

The program will offer credits for: ☐ Graduate students    ☐ Undergraduate students

Describe the following elements:

Course 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)

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_____________________________________________________________________________
Instructor’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)

_____________________________________________________________________________
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_____________________________________________________________________________

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?

_____________________________________________________________________________
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Housing, meals, and transportation plan

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_____________________________________________________________________________
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_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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_____________________________________________________________________________
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/pcredit 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
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
Name of Program/Destination:
Program/Faculty Leader(s):
Title of Course/Club Title: _______________________________ CRN: _____________
Course Dates (if applicable):_________________________________________________
Travel Dates: From ___________ to ___________

<table>
<thead>
<tr>
<th>Term (Check one)</th>
<th>Student Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Session</td>
<td>Graduate-credit</td>
</tr>
<tr>
<td>Fall</td>
<td>Undergraduate-credit</td>
</tr>
<tr>
<td>Early Spring</td>
<td>Non-credit</td>
</tr>
<tr>
<td>Spring</td>
<td></td>
</tr>
</tbody>
</table>

Estimated Program Costs* | Out-of-Pocket | Billed Course Fee (or allocated funds)*
Tuition & Fees (if applicable) | _________ | _________ |
Application Fee to Study Abroad* | _________ | ___50___ |
Insurance (CISI) | _________ | _________ |
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