Global Field Course Proposal Form

Faculty seeking to offer a Global Field Course are required to complete this form, attach the required materials, and obtain the signatures of the sponsoring department chair(s). Please refer to the Guidelines for Global Field Courses: Domestic and International, available from the department of Continuing Studies and Enhanced Learning, as well as information concerning the review and approval process.

Completed Global Field Course Proposals, Budget Sheets and Travel Authorization Forms with all required signatures are due in the Office of Continuing Studies and Enhanced Learning to the attention of the Assistant Dean, Dr. Indira Petoskey.

Term for which students will register:

______Fall 20_ _ _____Wintersession 20_ _ ____Spring 20_ _ ____Summer 20_ _

Inclusive Travel Dates:

___________________________________________________________

Destination (cities and/or countries):

___________________________________________________________

Program Title (if any):

___________________________________________________________

Course(s) offered in conjunction with this course abroad program:

(Example: SPA 316: Spanish Civilization: 3 credits)

<table>
<thead>
<tr>
<th>Course</th>
<th>Department</th>
<th>Number</th>
<th>Complete Course Title</th>
<th># of Credits</th>
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Instructor(s)

_________________________ ____________________________

Title(s)

_________________________ ____________________________

Phone Number

_________________________ ____________________________

E-mail Address

_________________________ ____________________________

Prerequisite(s):

Course number(s) and title(s):

_________________________

Other: (e.g. instructor permission)

_________________________

Pre-Departure class sessions will be held:

_________________________

Post-Program Debriefing sessions will be held:

_________________________

Target class size (minimum-maximum): _______ - _______ students
**Program Design and Assessment**

1. As a result of taking this course, what knowledge and skills are your students expected to gain? List 3-5 major course outcomes.

2. How does this course relate to general education, graduation and major requirements?

3. How does this course integrate with the curriculum of the sponsoring department(s)?

4. What is the rationale for offering this course in the particular proposed location?

5. How will students be prepared to understand and engage the host culture, and what opportunities are there for students to reflect on their cultural understanding?

6. What methods will you use to assess whether the course outcomes stated above have been met?

7. Schedule of Academic Contact Hours: Please indicate how the academic contact hours (i.e., 45 contact hours per 3-credit course) will be spread over pre-departure meetings, the overseas component of the course, and the post-return debriefing meetings.

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<th>Component</th>
<th>Pre-Departure</th>
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Syllabi
Since Global Field Courses differ from campus-based programs in that they seek to integrate traditional classroom education with experiential learning, it is very important that you demonstrate how the travel experience enhances the learning objectives of course. Please specifically identify the lectures, readings, site visits, group discussion/reflection times, and cultural activities that are planned. Please provide a day-by-day outline of the course, indicating what academic and intercultural activities will be undertaken. Identify all time designated as “free time.”

Please attach a separate course syllabus for each course offering. For example, if you plan to offer ART 365 and SPA 316 for a total of 6 credits, two syllabi, one for each 3-credit course are required. Per the academic deans, proposals that do not include separate syllabi for each course offering will be rejected for revision.

Program Leadership

1. Estimate the percentage of on-site teaching and guiding that you will be doing yourself.

2. Will you be using guest lectures? If so, how will they be selected and used?

3. If there are more than one faculty members conducting this program, how will the responsibilities be shared?

4. Have you previously traveled to the proposed location(s)? If yes, please provide details concerning length and purpose of visit(s) or living experience(s).
5. Do you have any experience leading student groups abroad? If yes, please elaborate.

6. Do you speak the local language(s)? If so, level of proficiency?
## Proposed Itinerary

<table>
<thead>
<tr>
<th>Day</th>
<th>Destination/Location</th>
<th>Means of Travel</th>
<th>Overnight Accommodations</th>
<th>Academic Site visits</th>
<th>Cultural Sightseeing</th>
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*(Continue on separate sheet if duration of program exceeds 28 days.)*

### Notes
(i.e., suggestion of vendors, hotels, tour operators, airlines, etc.):
**Program Description to be used in Promotional Materials (not to exceed 350 words):**
*(Attach an additional sheet if necessary See sample program description attached.)*

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**STATEMENT OF UNDERSTANDING**

**Program Cost and Due Dates**

- The cost of the travel program, exclusive of course tuition and fees, is approximately $__________________, per person.
- A $______________ deposit is due by _____________________________.
  Date
- The balance of $______________ is due by _____________________________.
  Date
- Tuition and registration fees are not included in the travel program price and must be paid at the Bursar’s Office by the student.
- Cancellation deadline for students is: _____________________________.
  Date

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__________________________  _______________________
Faculty Member Signature   Date
FACULTY SPONSOR/DEPARTMENTAL/PROGRAM SIGNATURES

I have read and agree to the terms, policies and procedures outlined in the Guidelines for Global Field Courses: Domestic and International.

Faculty Sponsor(s): ____________________________

____________________________

This course has the support and approval of the sponsoring department(s).

Department Chairperson’s Name ____________________________
Department Chairperson’s Signature ____________________________
Date ____________________________

Department Chairperson’s Name ____________________________
Department Chairperson’s Signature ____________________________
Date ____________________________

DEAN’S APPROVAL
If program involves faculty from two schools, both dean’s must approve their respective Faculty/courses.

Dean’s Name: ____________________  Dean’s Name: ____________________
Dean’s Signature: ____________________  Dean’s Signature: ____________________
Date: ____________________  Date: ____________________

Vice President for Academic Affairs Name: ____________________
VP’s Signature: ____________________  Date: ____________________

THIS FORM AND ALL REQUIRED ATTACHMENTS SHOULD BE DIRECTED TO:

Dr. Indira Petoskey,
Assistant Dean
Office of Continuing Studies
and Enhanced Learning
Wood Support, Room 100D
83 Windham Street
Willimantic, CT 06226
(860) 465-5066- petoskeyi@easternct.edu