International Program Center (IPC) Deputy Hall 111, #13 218-755-4096

E-mail: jo.li@bemidjistate.edu

**FACULTY-LED STUDY ABROAD PROGRAM PROPOSAL PACKET**

Program proposal submission deadlines:

**March 7 for all Spring and Summer programs in the following academic** year; (i.e. March 7, 2025 deadline for Spring 2026 and Summer 2026 programs)

**October 15** for all fall programs in the following academic year. (i.e. October 15, 2025, for Fall 2026 programs)

Checklist for Program Proposal Submissions:

Included in the proposal packet:

* Program Information Page
* Narrative
* Student Budget Approval Sheet for Financial Aid
* BSU Course Information Form
* Program Approval Signatures Form

 Other Items

* Experimental Course Proposal Form (if applicable)
* Program Budget Worksheet
* Provider Service Agreement/contract (if applicable)
* [Travel Alerts Checked](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) (Level 3 & 4 require additional approval)

Prior to Departure:

* Travel Request (Spend Authorization)
* [International Risk Acknowledgement](https://www.bemidjistate.edu/offices/business-services/wp-content/uploads/sites/122/2022/07/Employee-Acknowledgement-fo-International-Travel-Risks-and-Responsibilities.pdf)
* Emergency Action Plan
* [Travel Advisory](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) Checked
* Travel Approval from Chancellor (if traveling to destination with level 3/4 travel advisory)

**Checklist for Education Abroad Program Implementation After Program Approval**

1. Please check U.S. Department of State [Travel Advisory](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/). No system-related travel may be made to countries or areas under a U.S. Department of State travel advisory unless prior approval has been obtained in writing from the chancellor or designee.
2. Completion of a service contract, if the experience involves a third party (including a host institution) who will be compensated for making travel arrangements or delivering content. Please be aware that the process can take several weeks or even months, and payments cannot be made to a vendor until it is satisfactorily completed.
3. IPC will provide course information to the Registrar’s Office so that students may register for the courses.
4. Please work with the IPC and the Business Office to ensure that student fees and insurance payments are collected, and necessary payments are made to any vendors involved.
5. Before travel, the Instructor / Director should submit a Spend Authorization through Workday for university travel, and complete the [International Travel Risks and Responsibilities Acknowledgement Form](https://www.bemidjistate.edu/offices/business-services/wp-content/uploads/sites/122/2022/07/Employee-Acknowledgement-fo-International-Travel-Risks-and-Responsibilities.pdf).
6. IPC will enroll students to international travel insurance.
7. Program directors are required to submit an Emergency Action Plan, describing the accessibility of appropriate security and health care facilities while abroad, as well as emergency procedures. Accessibility to/communication with the program participants must be available at all times, in the event of an emergency.

NOTES:

* Programs are to be financially self-sustaining.
* IPC will enroll faculty in the education abroad health insurance through the MinnState contracted provider.
* All student participants will be required to:
* Submit the online Beavers Abroad Application, which includes a signed waiver and release form, program specific consent, and a $150 application processing fee.
* Be at least 18 years old and in good academic standing. Requested exceptions to this must sign minor consent form.
* Having completed 12 college credits by the time of travel (program director may request an exception)
* Purchase the BSU education abroad health insurance through the MinnState contracted provider.**Program Information Page**

Faculty Name/ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, phone number and email:

Sponsoring BSU Department(s)/College(s):

 Number of faculty members accompanying the group:

**PROGRAM DESCRIPTION**

Program Title :

Program Site(s):

Program duration (semester, year, semester break, summer):

Program dates:

Flight information: Departure Date: \_\_\_\_\_\_\_\_\_\_ Departure Airport:\_\_\_\_\_\_\_\_\_\_ Destination Airport:\_\_\_\_\_\_\_\_\_\_ Return Date:\_\_\_\_\_\_\_\_

Frequency of Program Offering (check one) : \_\_\_\_One Time/Occasional offering \_\_\_\_Other (Explain)

**ENROLLMENT AND INSTRUCTION**

Number of credit hours per student: \_\_\_\_\_(Note: Course Approval Sheet is required for each new course to be offered)

Target number of students participating each term: \_\_\_\_\_ (should be amount on which budget is based.)

 Major(s) from which students are likely to participate: \_\_\_\_\_\_\_\_\_\_\_

Name of host institution(s) abroad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will students be enrolled in the host institution? Y non-degree certificate program\_ If so, please verify that the institution is accredited, degree granting institution of higher education, and that the students will receive an official certificate or transcript from the host institution upon completion.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM PLAN**

Are you working with a program provider or a travel arranger/agent? \_\_\_\_\_\_\_ If yes, please name:\_\_\_\_\_\_\_

**HOUSING:**

Type of housing (check all that apply): \_\_\_\_ Host University Dormitories \_\_\_Home Stays \_\_\_Hotel/Motel

\_\_\_\_ Camping \_\_ Other, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for housing arrangements: \_\_\_\_ The Host Institution \_\_\_\_ The Program Provider/Travel Agent

\_\_\_\_ The student(s) \_\_\_\_ Faculty Member (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION:**

Type of transportation to be used (international airline flight, host-country air travel, chartered buses, taxis, ferries, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for transportation arrangements: \_\_\_\_ The Host Institution \_\_\_\_ The student(s)will purchase tickets

\_\_\_\_ The Program Provider/Travel Agent will set up transportation in country
 \_\_\_\_ Faculty Member (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MEALS:**

Who is responsible for providing/arranging 2 meals a day (lunch and dinner) during campus-based days: \_\_\_\_ The Host Institution

\_\_\_\_ The Program Provider/Travel Agent \_\_\_\_ The student(s) is responsible for 3 meals a day

\_\_\_\_ Faculty Member (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Narrative for the proposed education abroad experience**

Evaluation of proposals will focus on a number of key issues that should be addressed in the proposal narrative.

###### Key Issues:

1. Program subject matter, learning objectives, outcomes and instructional methods.
2. Explain key features of your program’s high-impact practice(s): may address U.S. diversity, global cultural perspectives, exploring worldview different from one’s own, or augmenting experiential learning. (AAC&U; http://www.aacu.org/trending-topics/high-impact)
3. Describe how your program aligns with your college’s internationalization goals, and/or the University Mission and shared fundamental values,
4. Student qualifications for participation in the program. Please include any plans to enroll non-degree seeking or others who are not full-times BSU students.
5. Likely student enrollment. Include the minimum enrollment needed to cover costs. Describe financial contingency plan if enrollment is not adequate. Reference budget worksheet and explain how the salary and faculty expenses are to be covered. (e.g., cost added to student expenses, paid from tuition generated, etc.)
6. Identification of who is responsible for program promotion and student recruitment and describe the marketing plan.
7. Please address issues related to safety/security/health issues for the participants of this program. Are there any travel advisories? (If the destination country is at level 3, please note additional system approval from the Chancellor’s office may be required) Describe the accessibility of appropriate security and health care facilities while abroad and how you plan to educate the student participants on how to maintain their health, safety and security while abroad.
8. Aspects of the host culture and environment that will be experienced by the participants.

**Student Budget Approval Sheet for Financial Aid**

|  |
| --- |
| **Program cost for students**Include below **all anticipated expenses for the students that will be included in the program fee that will be collected by BSU** and that students will need to cover independently. |
|  |  |  |
| **Per Student Program Cost** | **Comments** | **Student Fee** |
| Costs paid to BSU |  |  |
| Program fee |  |  |
| Insurance |  |  |
| Tuition and fees |  |  |
|  |  |  |
| TOTAL PAID TO BSU |  |  |
| Costs paid elsewhere |  |  |
| Airfare and ground transportation |  |  |
| Books and supplies |   |  |
| Personal expenses |  |  |
| App processing fee |   |  |
| Visa application  |  |  |
|  |  |  |
| TOTAL PAID ELSEWHERE |  |  |
| **Total Cost (Eligible for Financial Aid)** |  |  |
| Notes: 1. If student program costs vary from the above stated amount, a revised budget must be submitted to the Financial Aid Office for approval.
2. All program fees and insurance must be collected from the participants prior to payment deadline.
3. If program fees are to be paid in part or whole by a 3rd party provider, please name the provider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Student Budget Approval Sheet for Financial Aid Consideration:The student expenses for this program have been reviewed and approved as indicated on the budget sheet by the Financial Aid Office.Approved: Director, Financial Aid Date  |

**BSU Course Information Form**

Program Title: Term:

Do you anticipate being able to recruit 10+ students for the program? ☐ Yes ☐ No

* 10 students minimum is required, unless other enrollment figures are required AND approved by the college leadership

Is this course required for a major, minor, or certificate? ☐ Yes ☐ No

The following course(s) will be offered to participants as part of this proposed faculty led education abroad experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dept.  | Title of Course | Course Number | Number of Credits | Applicable in Major? | Lib Ed Area (if applicable) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

The students will be registered for a minimum of: \_\_\_\_\_\_\_\_\_\_ (# of credits) per term.

|  |  |
| --- | --- |
| **Program Approval Signatures Form** |  |

Academic Endorsements

Your signature below indicates your approval of this study abroad or away program and you agree to the following:

* The program contributes to the teaching & internationalization goals of the program, department & college.
* All course numbers listed exist as BSU courses and have been approved.
* The department/college will support the program through promotional activities, academic advising, course scheduling and verification of participant registration in the program courses. If a program offers courses in more than one department, approval must be obtained from each department.

\*The signature block below is due with the proposal packet at the time of submission to IPC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Leader 1 Print Name Department Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Leader 2 Print Name Department Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Chair Print Name Department Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Chair (if applicable) Print Name Department Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean Print Name College Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean (if applicable) Print Name College Date

The IPC has reviewed this program, and:

\_\_\_\_\_Approval Recommended \_\_\_\_\_Approval not Recommended

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director of IPC Print Name Date

**This program has the support and approval of the Provost.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provost Print Name Date

**This program has the support and approval of the President.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_President Print Name Date