**OFF-CAMPUS COURSE PROPOSAL FORM  
*SHORT-TERM STUDY AWAY PROGRAMS***

**Proposal Due to Wang Center: Nov. 1, 2015**

***Please check all that apply:***

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| --- | --- | --- |
| **J-Term 2017** | **and/or** | **J-Term 2018** |
| **Spring Break 2016** | **and/or** | **Spring Break 2017** |
| **Summer 2016** | **and/or** | **Summer 2017** |

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| Is this a:  New Program or a  Program Renewal  For renewals, how many times has this program been offered in the past: |

**I. FACULTY INFORMATION AND EXPERIENCE**

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| --- | --- |
| Faculty Leader Name: |  |
| Department: |  |
| Faculty Co-Leader Name (if applicable): |  |
| Department (if applicable): |  |

**1. Have you led this study away course before?**  **Yes  No**

If so, please answer the following questions:

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| When did you lead this course? |
| What were the successful elements of this course? |
| What were some challenges? |
| What changes are you planning (with regards to course structure, activities, schedule, etc.)? |

**2. If you have not led a study away course before**…do you plan to make a site visit **prior** to the start of this course?

**Yes  No**

If Yes, when?  How will this be funded?

***NOTE: There are limited funds available for planning grants. Please contact*** [***megan.grover@plu.edu***](mailto:megan.grover@plu.edu) ***for more information.***

**3. Faculty Leader Experience (previous and planned)**

Please indicate:

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| a) your prior experience leading groups of students off-campus: |
| b) your experience with the topic of the proposed course and culture and language of the place where it is being taught: |
| c) any prior preparation you plan to do before leading the program: |

**4. On-site contacts**. Have you established contacts in your selected program site(s)?  **Yes  No**

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| Please name the contacts and describe your relationship briefly: |

**II. BASIC COURSE INFORMATION**

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| Course number(s): |  |
| Course title: |  |
| Instructor(s) of record: |  |
| Proposed course location(s): |  |

For the following questions, please check **Yes** or **No** and explain when applicable.

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| **Question:** | **Yes** | **No** |
| Has this course been approved by EPC to be taught on campus? |  |  |
| Will this course be taught off-campus for the first time? |  |  |
| If taught off-campus before, will it be taught in the same location(s)? |  |  |
| If a different location, please explain: |  | |

This course will fulfill the following university requirements (please confirm attributes with the Registrar’s Office and check

all that apply)

**General Education Elements Please specify all attributes (ex: SO, C, RG) \_\_\_\_\_\_\_\_\_\_**

**Department Credit**

**Cross-Cultural Perspectives Diversity Requirement (Requires EPC/Gen Ed Council approval)**

**Alternative Perspectives Diversity Requirement (Requires EPC/Gen Ed Council approval)**

**Other (elective, independent study, International Honors, First Year Experience)**

**Interdisciplinary Program Credit (CHSP, ENVT, GLST, SCAN, WMGS) Please circle all that apply**

**III. ACADEMIC INFORMATION**

Please provide the following:

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| 1. **A 100 word-course description** *that will be used for marketing purposes.* |
| 2. **A paragraph** that identifies three course [**Integrative Learning Objectives**](http://www.plu.edu/faculty-governance/widgets/documents-forms/archived/integrative-learning-objectives.pdf) using assessable verbs (e.g., identify, analyze, demonstrate, categorize, design, etc.). Please make a deliberate a connection to PLU’s [**Integrative Learning Objectives.**](http://www.plu.edu/faculty-governance/widgets/documents-forms/archived/integrative-learning-objectives.pdf) |
| 3. **A paragraph** that explains how teaching the proposed course in the selected off-campus location enhances the objectives described in # 2 above. |
| 4. **A paragraph** addressing the “Proposal Guidelines” found on pages 1-2 of the Off-Campus Course Proposal Guidelines and Policies document. |
| 5. **Please attach a preliminary course schedule/itinerary**. |

**IV. ESTIMATED PROGRAM BUDGET**To assist the Global Education Committee and the Wang Center staff in determining viability of the proposed itinerary, i.e. estimated costs and program fee, maximum and minimum enrollment, please attach a draft program budget including estimated operational costs of the program by ‘double clicking’ on the Excel icon below. If you require assistance in developing the estimated program budget, please contact Megan Grover at [megan.grover@plu.edu](mailto:megan.grover@plu.edu).



Number of students the course is designed for:

**<12 (please explain)  12-16**  **16-18  18-22**  **>22**

Anticipated Program Fee (per student): **$\_\_\_\_\_\_\_\_\_\_\_\_\_**

**V. REQUIRED APPLICATION PROCEDURES AND ORIENTATIONS**

1. To enhance the safety and quality of Short-Term Study Away courses, the Wang Center requires your participation in all Study Away course pre-departure orientations and that you, in collaboration with the Wang Center Staff, offer NO FEWER than two additional pre-departure orientation sessions.

Do you agree to participate fully and collaborate with the Wang Center staff to make these pre-departure orientations possible?  **Yes**  **No**

2. Do you anticipate having additional application procedures for your course such as pre-selection interviews?

**Yes**  **No**

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| If Yes, please explain/describe: |

**VI. STAFF ASSISTANTS AND ADDITIONAL TRAVEL COMPANIONS**

1. PLU offers a professional development opportunity for faculty/staff/administrators that wish to assist with a J-Term

course. The selection process takes several months. The Wang Center sends a campus-wide announcement for this

opportunity each year, in March. Understanding your needs in advance will help with planning. Do you anticipate the need for an assistant?  **Yes**  **No**

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| If Yes, please explain reason for need: |

2. **Do you plan to include other essential or non-essential adults in your program?**  **Yes**  **No**

**Do you plan to travel with minors?  Yes  No**

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| If Yes, please review the related policy document and then provide a brief description of your plans in this regard: |

***I agree that I have read and understand the “Off-Campus Course Proposal Guidelines and Policies” document.***

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Faculty Leader Signature Printed Name Date

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Faculty Co-Leader Signature Printed Name Date

***Endorsed by:***

Department Chair/Program Director Signature Printed Name Date

Division/School Dean Signature Printed Name Date

***If this course is to be cross-listed or involves more than one faculty leader, all relevant departments must approve.***

***Endorsed by:***

Department Chair/Program Director Signature Printed Name Date

Division/School Dean Signature Printed Name Date

***Comments from signatories:***

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