

Faculty Guide to Developing International Activities/ Study Abroad Programs



A. Formal Proposal

International Activity Destination:	
Department:	
Dean/Director:	
Semester/Year:	
Levels of Study:	
Duration of time in the Activity:	
Frequency of the Activity (one-time, yearly, biennially):	
Activity Abstract (500 words):	

Approval by Department Chair/Dean

The undersigned certifies to the best of his/her knowledge that the proposal has been authorized by the Department.

Name:	Title:
Signature:	Date:

B. Overview of the International Activity

<p>How does this project complement the International Education Goals, Indigenization Plan and the Strategic and Education Plans of the College (both plans available from OGE)?</p>	
<p>Explain the rationale for the international activity and its objectives.</p>	
<p>Describe the strategies for achieving those objectives.</p>	
<p>Describe the expected results and final outcomes of the activity.</p>	
<p>Describe (if applicable) the benefits of any institutional partnership under the activity.</p>	
<p>Describe any existing international programs being run in partnership with this institution/NGO and what the experience of those other partners has been if applicable.</p>	
<p>If it is more than a 1 time offering, describe how the activity will be sustained beyond your initial leadership.</p>	
<p>Describe how participants will be selected including eligibility requirements (e.g. pre-reqs, language proficiency) and screening mechanisms (e.g. selection criteria, selection committee).</p>	

C. Format & Activities

<p>Describe the curriculum (courses, credits, methods of evaluation, supplementary/complementary activities, excursions, events, service learning, indigenization, etc.).</p>	
<p>Provide a proposed itinerary with a listing of the cities/towns, sites you intend to visit as well as a description of any planned special events such as cultural performances, dinners etc. Indicate how the itinerary informs the course content.</p>	
<p>Provide information on accommodations, travel and meals you are planning for the program.</p>	
<p>Describe the strategies to integrate the International activity into existing programs of study/curriculum.</p>	
<p>Describe how you can contribute to pre-departure language and cultural preparation.</p>	

D. Marketing & Recruitment

<p>Describe how you plan to support OGE to engage students, staff, faculty or community members to enroll and participate in this activity.</p>	
<p>Are students from other programs/ departments able to participate in this program?</p>	
<p>Are the costs for participation in the program within reach of the average student?</p>	
<p>Is there any funding through OGE or your own sources available for students participating in this program (scholarships, grants, bursaries etc.)?</p>	

E. Support Organization Information

Contact

Name:	Title:	
Institution/Partner Name:	Dept/Faculty	
Email	Phone::	Fax:
Address:		

Name:	Title:	
Institution/Partner Name:	Dept/Faculty	
Email	Phone::	Fax:
Address:		

Name:	Title:	
Institution/Partner Name:	Dept/Faculty	
Email	Phone::	Fax:
Address:		

F. Access & Communication

1. Please provide some details regarding support organization or partner location (e.g. region, urban, distance to largest town, closest airport etc.).
2. Has the support organization or partner location hosted international students faculty, volunteers, interns, in the past? Yes No
3. Does the support organization or partner location provide an on-site orientation for participants? Yes No
4. Does the support organization or partner location have the following communication capacity: Phone? Yes No Internet? Yes No Wifi accessibility? Yes No
5. Does the support organization or partner location have a policy in place protecting participants from: Sexual harassment / assault? Yes No Racism? Yes No Homophobia? Yes No
6. Could the support organization or partner location accommodate a person with disabilities? Wheelchair access? Yes No Visual Impairment? Yes No Hearing Impairment? Yes No Learning disability? Yes No
7. Does the support organization or partner location have an emergency contact number to call in an Emergency? Yes No Is it 24 hours? Yes No Will someone at that location be able to speak English? Yes No If not, what language will they speak? Please provide emergency contact info:
8. Does the support organization or partner location have local emergency protocols? Yes No In the event of an emergency, does the host partner have protocols in place to deal with such issues as assault, natural disasters? Yes No Who would be responsible for communicating emergency information to NIC?
9. Are there any particular concerns or security issues that a foreigner should be advised of?
10. Are there any additional costs/expenses participants should be aware of?

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G. Meals & Accommodations

<p>1. Does the support organization or partner location provide on-site / off-site accommodation for participants? Yes No</p> <p>What does the accommodation facility provide?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Internet</td> <td style="width: 15%;">Private showers</td> <td style="width: 15%;">Single/Private Room</td> <td style="width: 15%;">On-site Security</td> <td style="width: 15%;">Phone access</td> <td style="width: 15%;">Electrical</td> <td style="width: 15%;">Ability to lock own quarters</td> </tr> </table> <p>Other:</p> <p>Proximity to Study location:</p>	Internet	Private showers	Single/Private Room	On-site Security	Phone access	Electrical	Ability to lock own quarters
Internet	Private showers	Single/Private Room	On-site Security	Phone access	Electrical	Ability to lock own quarters	
<p>2. Is it possible to secure alternate accommodations if host partner accommodations are not suitable? Yes No</p> <p>What do these alternate accommodation facilities provide?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Internet</td> <td style="width: 15%;">Private showers</td> <td style="width: 15%;">Single/Private Room</td> <td style="width: 15%;">On-site Security</td> <td style="width: 15%;">Phone access</td> <td style="width: 15%;">Electrical</td> <td style="width: 15%;">Ability to lock own quarters</td> </tr> </table> <p>Other:</p> <p>Proximity to Study location:</p>	Internet	Private showers	Single/Private Room	On-site Security	Phone access	Electrical	Ability to lock own quarters
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<p>3. Does the support organization or partner location provide meals? Yes No</p> <p>If yes, would they be able to accommodate a range of dietary restrictions or preferences (e.g. vegetarian, vegan, kosher, halal etc.) Yes No</p>							
<p>4. Does the support organization or partner location provide transportation to/from activities, accommodation etc. Yes No</p> <p>What kind of transportation is available?</p>							
<p>5. Are there any additional costs/expenses participants should be aware of?</p>							

H. Budget

The proposal must provide information concerning expenses of Study Abroad Program

Fixed Expenses	Cost Per Person	Total Cost (Group)
Participant Tuition Cost		
Participant Fees		
International Education Fees		
Program Fees		
Visa Entry fee		
Medical Insurance		
Emergency Contingency		
Participant Travel		
Air Travel – Van – Destination – Return		
Air Travel – Domestic		
Ground Transportation		
Participant Accommodation & Meals		
Shared Accommodations		
Group Meals		
Activity Costs		
Entrance Fees		
Guided Tours		
Performances		
Instructor/Leader Expenses		
Per Diems		
Fixed Expense Fees (see above)		
Airfare – Van – Destination – Return		
Air Travel – Domestic		
Ground Transportation		
Accommodation (single)		
Total		

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I. Risk Assessment form

Country:	Geographical Area:	Nearest City (list all if this is a travel-based activity):
Nearest Major Airport:	Nearest Major Hospital (list all if this is a travel-based activity):	Nearest Consulate/Embassy:
Duration / Proposed Dates:	Host Partner / Institution:	
Program Name:	NIC Leader Organizer & Dean: Host Partner/Institution Lead Organizer:	
Nature of International Activity:		
Risk Management Guidelines, Policies, Documents currently in place with local host partner / institution:		
<p>RISK ASSESSMENT</p> <p>Identify and list risks associated with activities or program (e.g. wild animals, poisonous plants or insects, endemic diseases, violence, soil/water microorganisms, firearms) and the corresponding control measure for eliminating or reducing risks to acceptable levels. These risks should be identified through a variety of resources such as program leaders, host partners, OGE, external resources etc.</p> <p>Please attach separate sheet with appropriate details where necessary.</p>		
Environmental Risks (e.g. rainy season, earthquake prone)	Control Measure(s)	
Political & Economical (e.g. upcoming elections, corruption)	Control Measure(s)	

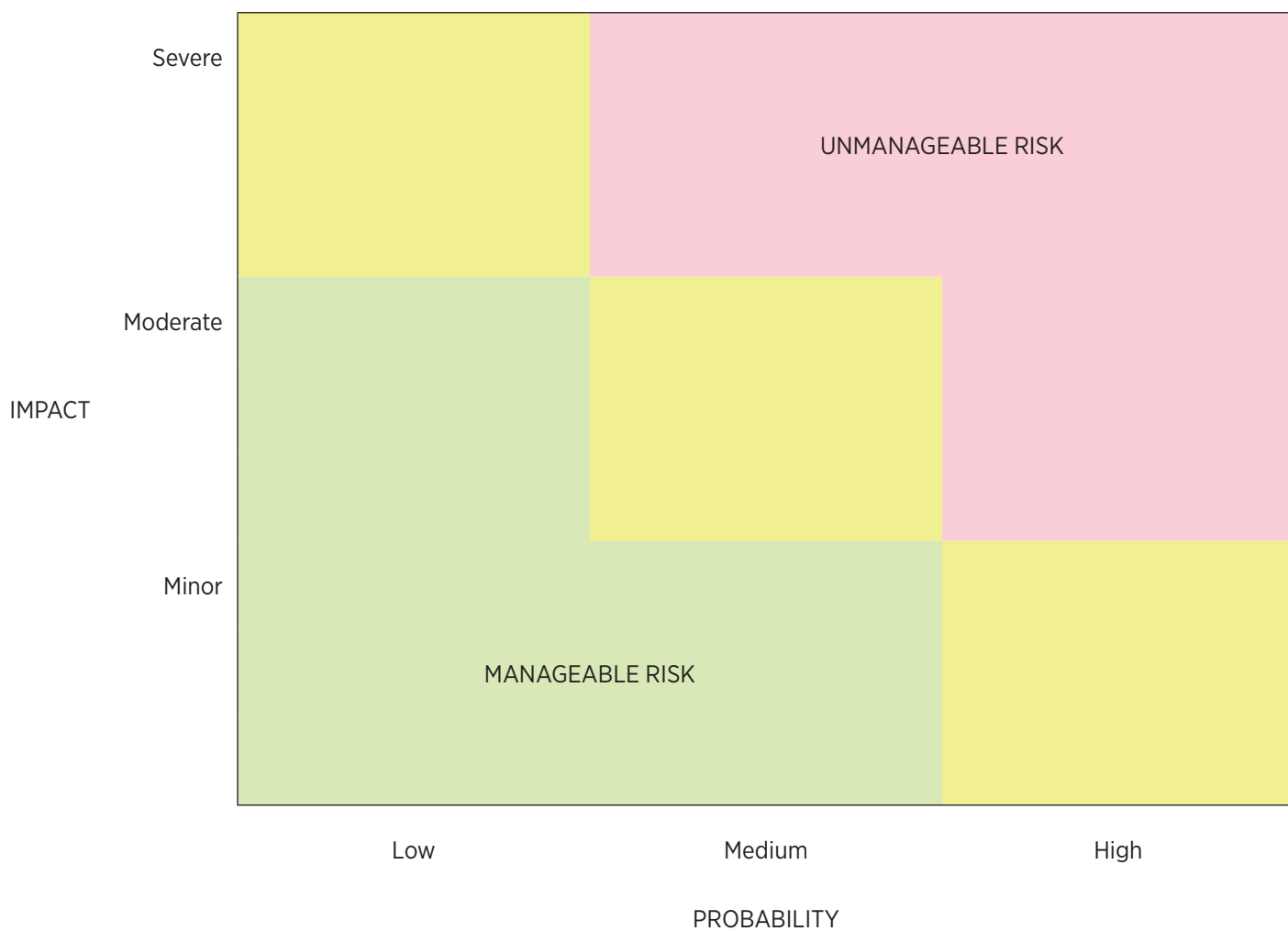
Health & Safety Risks (e.g. water-borne illness, communicable disease)	Control Measure(s)
Social Issues (e.g. racism, violence)	Control Measure(s)

HIGH RISK ACTIVITIES	
Diving or other Underwater Activities	Operation of motorized vehicles (scooters, ATV's etc.)
Mountain climbing or activities at high altitude	Carrying heavy loads or manual lifting
Extreme heat or cold	Activities involving alcohol or drug consumption
Bungee jumping or sky-diving	
Other:	

TRAVEL IMMUNIZATION / PROPHYLAXIS REQUIREMENTS		
Diphtheria	Rabies	Rubella
Hepatitis A	Hepatitis B	Tetanus
Malaria	Typhoid Fever	Measles
Polio	Yellow Fever	

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Please select the perceived risk of the activity on the chart below:



Impact of the risk, as well as probability of the risk occurring can be plotted on a matrix to help determine whether the risk is manageable or unmanageable. The outcome of this exercise could be cancellation of the activity or a change in host location. When risks are identified as highly probability with low impact, or high impact with minimal probability, they will be addressed in a risk management and emergency action plan