



International Experience Proposal and Approval Form

DEPARTMENT HEAD APPROVAL

Proposal Approval

Signing Department Head (print name): _____ Faculty: _____

Signature: _____ Date: _____

Signing Dean (print name): _____ Faculty: _____

Signature: _____ Date: _____

DEAN APPROVAL

Final Approval Checklist:

<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Final Itinerary	<input type="checkbox"/> Pre-departure orientations
<input type="checkbox"/> Contact schedule	<input type="checkbox"/> Accommodation	<input type="checkbox"/> Collection of fees
<input type="checkbox"/> Participant/Leader Forms	<input type="checkbox"/> Transportation	<input type="checkbox"/> Emergency information

Signing Dean (print name): _____ Faculty: _____

Signature: _____ Date: _____

NAME OF INTERNATIONAL EXPERIENCE: _____

Tour Leader(s) Information

1. Name: _____ Department: _____

Position: _____ Local: _____

2. Name: _____ Department: _____

Position: _____ Local: _____

Statement of program need/ objective of study tour:

Program Description

Tour dates: From _____ to _____		Number of weeks: _____
Primary location of tour/internship: _____ (city) (province/state) (country)		
Additional tour/internship locations: _____ (excluding tourism) (city) (province/state) (country)		
Enrollment: min. #: _____ max. #: _____ <i>! Budget /Risk Assessment consideration</i>	Academic prerequisites:	
Anticipated enrollment: _____	Other eligibility requirements:	
Briefly describe the planned activities and what the physical demands are (those with pre-existing medical conditions should be advised early on):		
Using the DFATD website, please give a brief history of the area and any advisories for the areas of intended travel:		

Itinerary

Please attach detailed travel and program itineraries. Re-submit the most current itineraries to your Dean for final approval prior to departure and include this itinerary in the binder.

Important Information

- * No participant under the age of majority is permitted to take part in this activity (age of majority in BC is 19).
- * All participants will make travel arrangements with the same travel agent or company.
- * All participants will use the preferred UFV insurance carrier.

Proposed Course Description(s)

Please submit syllabi for the course(s) you plan on teaching for this tour or as a preliminary course to be taught at UFV the term prior to departure. It will be reviewed by the appropriate Department Chair and Dean.

a. Course Title	UFV Course Number	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. Will any of the courses need to be approved as Special Topics courses?
If yes, please list which courses:

Yes No

- c. Will any of the courses satisfy major/minor requirements?
If yes, please list which requirements:

Yes No

- d. Will a preliminary course be offered or required? If yes, please list the title:

Yes No

- e. Instruction on-site will be provided by:

UFV faculty Host institution instructors

Other (please describe) _____

f. Will the program be affiliated with a foreign university, language institute, etc?

Yes *Please specify:* _____

No

g. Will any of the courses require transfer credit from the host institution?

Yes

No

If yes, have these courses been articulated?

Yes

No

Program Logistics

ACCOMMODATION

Participant housing and meal arrangements:

- a. What type of housing is provided?

- b. Who provides the participant's meals?

- c. How many meals will be provided?

- d. How will the meals be paid for (in advance or per meal)?

Faculty housing and meal arrangements (if different from above):

TRANSPORTATION

Describe transportation arrangements to program site:

- a. What modes of transportation will be used during the program?

- b. Group or individual travel?

- c. Arrangements to be handled by (agent or company name):

- d. Transportation from airport to program site:

INCLUSIVE PROGRAM EXCURSIONS in HOST COUNTRY:

a. Planned destinations and length:

b. Local cultural and social activities:

Program Administration

Please give an outline of the division of administrative responsibilities for the program:

a. UFV Program Leader(s):

b. UFV Administration (if applicable):

c. Host-country coordinator (if applicable):

Brief Marketing/ Recruitment plan

Pre-departure Orientation

Pre-departure orientations must be completed for final approval.

Will there be an academic component to the pre-departure orientation and its associated meetings?

Yes No If no:

Mandatory pre-departure seminar – book with UFV International Study Abroad coordinator

Date: _____ Time: _____ Room: _____

A mandatory pre-trip meeting may include:

Country/region/culture specific orientation – responsibility of tour leader(s)

Date: _____ Time: _____ Room: _____

'Culture Shock' seminar (optional) - request to UFV International (joint with tour leaders)

Date: _____ Time: _____ Room: _____

Contact Schedule

Internet access:

Accommodation telephone and procedure:

Cell phone (while in host country):

Will contact my department head and/or Dean:

- Daily
- Weekly

by

- Email
- Phone

I have the contact of my department head and UFV's emergency line

Yes No

1. Tour Leader Signature: _____ Date: _____

Print name: _____

2. Tour Leader Signature: _____ Date: _____

Print name: _____