**Exchange Program Proposal**

Completing a proposal is the first when developing a new Exchange program. The following information, as well as the Proposal Form which begins on the next page, are designed to help University departments and schools to outline the critical details of the new exchange. This in turn helps to ensure that the program is created with the needs of students in mind and that all important details have been gathered and considered.

Should you have questions as you complete your proposal, the Office of International Studies and Programs (OISP) will be glad to assist you. Please feel free to contact OISP at (309) 438-5276 to discuss international program ideas with OISP staff members.

As you begin to complete the proposal process, please be advised that creating new programs/relationships may, at times, be a lengthy process. We suggest you begin developing your program at least 2 semesters (12-14 months) prior to your proposed program start date so there is ample time to recruit students.

Please note that new exchanges that are not attracting enough ISU students (at least 4-6 students per year) will be considered for cancellation after being offered for three years. (Exceptions can be made for highly focused disciplines or departments with small enrollments.) Exchange may also be considered for cancellation due to administrative difficulties, issues with academic integrity or offerings, or other issues. OISP will review programs after two years and communicate concerns to relevant ISU departments/colleges.

*The standard student study abroad applications deadlines for programs are: March 15 for Fall semester, Sept. 15 for Spring semester, and February 1 or March 1 for Summer term participation. No applications will be accepted after these dates.*

All proposals are evaluated according to:

* The ways in which the exchange fills a gap in existing offerings
* Academic fit between ISU and the host institution
* The ways in which the exchange contributes to ISU’s long-term strategic goals
* The benefits the exchange provides to ISU students
* The soundness of the proposed exchange relationship and the likelihood of its long term success

**Proposal submission process:**

1. Review the [Faculty Director Handbook](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)
2. Review proposal review criteria (in the Faculty Director Handbook)
3. Complete the Proposal, including narrative section
4. Include these supporting documents:
   1. Proposal narrative
   2. Course syllabi and/or catalog. See Academic Information section

**Exchange Program Proposal**

**FACULTY DIRECTOR CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name and Description of Host Institution:  Click here to enter text. | | |
| Program location(s) *(list all cities and countries)*: Click here to enter text. | | |
| Sponsoring dept.(s) and College(s): Click here to enter text. | | |
| **Primary Faculty Director information:** | | |
| Primary Faculty Director name:  Click here to enter text. | | |
| Campus address:  Click here to enter text. | | Campus phone:  Click here to enter text. |
| Email:  Click here to enter text. | | Cell phone:  Click here to enter text. |
| **Co-Faculty Director information (if applicable):** | | |
| Co-Faculty Director name:  Click here to enter text. | | |
| Campus address:  Click here to enter text. | Campus phone:  Click here to enter text. | |
| Email:  Click here to enter text. | Cell phone:  Click here to enter text. | |
| Program location(s)(list all cities and countries):  Click here to enter text. | | |
| Secondary Faculty Director Role: Instructor Guide (non-instructional) Other | | |

**HOST INSTITUTION CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Primary Contact at Host Institution for *Incoming International Exchange Students*** | |
| Campus address:  Click here to enter text. | Campus phone:  Click here to enter text. |
| Email:  Click here to enter text. | Cell phone:  Click here to enter text. |
| Emergency Contact Information:  Does the host institution maintain a 24-hour emergency phone that students can call? Yes No  Name: Click here to enter text.  Phone Number: Click here to enter text. | |

|  |  |
| --- | --- |
| **Primary Contact at Host Institution for *Outgoing* *ISU Exchange Students*** | |
| Campus address:  Click here to enter text. | Campus phone:  Click here to enter text. |
| Email:  Click here to enter text. | Cell phone:  Click here to enter text. |
| Emergency Contact Information:  Does the host institution maintain a 24-hour emergency phone that students can call? Yes No  Name: Click here to enter text.  Phone Number: Click here to enter text. | |

**SECTION 1: ISU STUDENT PARTICIPANT DETAILS**

*Please be advised: OISP minimum cumulative GPA is 2.5 undergraduate, 3.0 graduate*

|  |  |
| --- | --- |
| Student Type Undergraduate Graduate Both | Minimum Cumulative GPA required: Choose an item. |
| Restricted to certain majors: Yes No  *(If yes, list which majors)*: Click here to enter text. | Major GPA required: Choose an item. |
| Anticipated student enrollment:  MIN: Click here to enter text.  MAX: Click here to enter text. | Minimum Class Standing:  Sophomore Junior Senior |
| What academic disciplines are ISU students able to study at the host institution?  Click here to enter text. | |
| Majors from which students are likely to be drawn:  Click here to enter text. | |
| Semester and year intended for start of program:  Choose an item. Choose an item. | |

**ACADEMIC INFORMATION AT THE HOST INSTITUTION**

|  |
| --- |
| How is student work evaluated? (e.g.) one exam per course; multiple papers, etc.)  Click here to enter text. |
| How many ISU credits is each course worth at the host institution? Click here to enter text. |
| Are there any required courses at the host university/institution/organization? Yes No  *(If yes, please specify):* Click here to enter text. |
| Are the courses that ISU students would take taught in English? Yes No |
| At what level are courses offered at the host institution for ISU students to take? lower division upper division  graduate |
| Grading Scale *(Please indicate grading scale information below. If using the host university/institution/organization grading scale please attach to this document)*  ISU Grading Scale Host University/Institution/Organization grading scale |
| What is the academic calendar at the host institution (when do classes begin and end?) Click here to enter text. |
| Which terms at the host institution may ISU students attend? Fall Spring Summer Academic Year Other |

**Please list all courses that will be taught, attaching additional sheet(s) if necessary.**

*NOTE: Course syllabus/syllabi must be attached.* *If there is a full curriculum offered at the host university, please supply a current course catalog. If complete syllabi are not available, please attach a general course outline for each course.*

|  |  |  |
| --- | --- | --- |
| **Course Title** | **Course Number** | **Number of credits** |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |

**Program Logistics**

|  |
| --- |
| Does the host institution have an international student office that will assist ISU students? Yes No |
| Does the host institution provide an on-site orientation? Yes No |
| What kind of housing is available for ISU students? Apartment  Homestay  Residence Hall |
| Are cultural activities/excursions available? Yes No If yes, please specify: |

**SECTION 2: EXCHANGE: Incoming Exchange Students coming to ISU**

|  |
| --- |
| **Type of Exchange Agreement:**  Departmental exchange only  University-wide exchange only *(If you select this option only, please proceed to the Selection of Students section)*  Both University-wide and Departmental |

**DEPARTMENTAL COURSES**

|  |
| --- |
| Will you be able to guarantee spaces for incoming exchange students for classes taught in your department?  Yes No |
| If the incoming exchange students will focus on courses in your school/department, do you have prerequisites for them to participate in?  Yes No  *(If yes, please specify):*  Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Does the exchange partner require that their students take specific ISU courses, or is the exchange partner flexible with any ISU courses either in your department/school or across the ISU campus?  Incoming exchange students may take any ISU courses Specific ISU courses are required *(Please list courses below)*: | | |
|  | ISU Course Number | ISU Course Title |
| 1 | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Have you selected certain courses that exchange students would be eligible for provided they meet prerequisites?  Yes *(Please list courses below)* No | | |
|  | ISU Course Number | ISU Course Title |
| 1 | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. |

**SELECTION OF STUDENTS**

|  |
| --- |
| Will the timing of the partner’s academic calendar allow their students to attend ISU’s regular semester period?  (August-December and/or January-May)  Yes No |
| Incoming exchange students may be:  Undergraduate only Graduate only Both Graduate and Undergraduate |

**DURATION OF STAY** *Please be advised: while summer is an option, there are additional considerations. Please contact* [*International Student and Scholar Services*](http://internationalstudies.illinoisstate.edu/about/staff.shtml) *to discuss these considerations.*

|  |
| --- |
| Which terms would incoming exchange students attend ISU? *(Check all that apply)*  Fall Spring Summer |

**PROPOSAL NARRATIVE**

**Please type the narrative, answering the following questions, in a separate document and attach to the proposal.**

1. Why are you proposing this exchange?
2. How does this exchange meet Goal #2 from [Educating Illinois](http://educatingillinois.illinoisstate.edu/downloads/Educating%20Illinois%202013_2018_print.pdf)?
3. Do you have a history of collaboration with colleague(s) at this institution? If yes, please explain the nature and depth of this collaboration.
4. How would this exchange benefit students at ISU, and how does it fit with corresponding academic programming here at ISU?
5. Is there broad ISU faculty support for such a program? (This is critical for making a program viable, since one of the reasons students cite in their decision to go abroad is faculty encouragement.) Please attach at least two letters of support for the exchange from your department, school, or college.
6. New exchanges are normally only considered for locations or disciplines that cannot be served by existing ISU Study Abroad Programs. Please describe which gap this exchange will fill. (If you are proposing an exchange at a location where an ISU study abroad program already exists, please explain how the exchange meets needs that the existing program does not.)
7. What on-site support is available for ISU students (for advising, emergencies, housing, etc.)?
8. Student Recruitment
   1. What is your recruitment plan (list enrollment in targeted majors, plans for program promotion, etc.)?
   2. What is your best substantiated estimate of likely student enrollment in the first year and in subsequent years?
   3. What kind of support is there for keeping the exchange active for the next 5-10 years?
   4. Are there any other ISU departments are interested in sending students on this exchange? If so how many students might they send each term?
9. Safety and Security: What potential health/safety/security issues are at the location? **For each identified risk, please identify the steps to be taken to mitigate these risks through areas such as program design, education, orientation, secluding, security procedures, or planning.**

Please review the following resources to assist you in identifying potential health/safety/security issues:

1. [U.S. Department of State Country Information Sheets](http://travel.state.gov/travel/cis_pa_tw/cis/cis_4965.html)
2. Applicable U.S. Department of State [Travel Alerts](http://travel.state.gov/travel/cis_pa_tw/pa/pa_1766.html) or [Travel Warnings](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html) (if the program itinerary includes a country under a current U.S. State Department Travel Warning, additional review requirements apply.
3. The Overseas Security Advisory Council (OSAC) [Crime and Safety Reports](https://www.osac.gov/pages/ContentReports.aspx?cid=2) (current or prior year).
4. Upon review of this information and after consulting with on-site colleagues or contacts about risks, explicitly identify the risks inherent to your program for the following categories:
   1. Terrorism/civil unrest
   2. Crime/criminal activity
   3. Water safety
   4. Other identified risks
   5. Transportation (public, private and pedestrian - with special attention to any program-organized group transportation)
   6. Foreseeable reoccurring natural disasters relevant to that location (ex. Hurricanes in the Caribbean)
   7. Export Control Issues (please discuss with the Export Control Officer) <http://research.illinoisstate.edu/ethics/university_policies/export/>

**Departmental/School and College Study Abroad Proposal Approval Form**

**PART ONE: To be completed by the FACULTY DIRECTOR(S) submitting the proposal.**

|  |
| --- |
| Proposal Submission Date: Click here to enter a date. |
| Program Title/Host University: Click here to enter text. |
| Faculty Director(s): Click here to enter text. |
| Department: Click here to enter text. |
| College: Click here to enter text. |

I have read and understand the duties of an ISU Study Abroad Program Faculty Director as outlined in the [*Faculty Director Handbook*](http://studyabroad.illinoisstate.edu/about/facultystaff/directors/)*.* **My signature below verifies my acceptance of the role and responsibilities of Faculty Director as outlined in the handbook.**

**My signature below verifies my acceptance of the role of Faculty Director.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Click here to enter text. |  | Click here to enter text. |
| Program Faculty Director Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  | Click here to enter text. |
| Faculty Co-Director Signature *(if applicable)* |  | Print Name |  | Date |

**PART TWO: To be completed by the DEPARTMENT CHAIR/SCHOOL DIRECTOR, COLLEGE DEAN, AND GRADUATE SCHOOL DIRECTOR *(only if graduate credit is offered)*.**

1. **Faculty Support for Program Evaluation and Program Site Visit:**Financial support from Colleges/Departments for Study Abroad program helps to lower program costs for students. Some Colleges/Departments have a budget for faculty travel while others may not. In this regard, the Office of International Studies and Programs (OISP), in agreement with the College/Department, **may opt to add a Faculty Support Fee** to their program which will be used for faculty to visit and evaluate the study abroad program site. If agreed upon, the College/Department and OISP will work collaboratively to perform the following:
   1. **OISP** will add a line item on the study abroad program budget called “**Faculty** **Support**” which will be billed to the students through their Student Accounts. Faculty support fees may be pay and/or reimburse travel expenses incurred to visit and evaluate the study abroad program site, not to exceed the amount collected. All reimbursements will be in accordance with the approved ISU Travel policies and guidelines. We authorize OISP to collect $Click here to enter text. per student. Any funds not used within 3 years will be used at the discretion of OISP to assist with study abroad initiatives.
2. **Administrative Approvals**

I (we) certify that the program design and academic content are satisfactory, and that the qualifications of the proposed Faculty Director(s) have been reviewed and approved.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Click here to enter text. |  | Click here to enter text. |
| College Dean Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  | Click here to enter text. |
| Department Chair/School Director Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  | Click here to enter text. |
| ISU Director of Graduate School Signature |  | Print Name |  | Date |