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

|  |
| --- |
| Program Title/Host Institution: Click here to enter text. |
| Faculty Director: Click here to enter text. | Program Term: Click here to enter text.  |
| Faculty Co-Director: Click here to enter text. | Program Start Date: Click here to enter a date.  |
| Department: Click here to enter text. | Program End Date: Click here to enter a date. |
| College: Click here to enter text. |  |
| Minimum number of students to run program:  |   |

**The following course(s) will be offered for credit as part of this Study Abroad Program:**

(If students will take courses at a host institution please attach prospective course articulations for review by Department Chair.)

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

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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Click here to enter text. |  |  |
| Program Faculty Director Signature |  | Print Name |  | Date |
|  |  | 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 Salary**

The decision regarding Faculty Director salary is determined by the department. Ordinarily, to ensure the program is affordable to the students, the Faculty Director’s salary is paid from departmental or college funds or release time may be granted. If such funds are not available, the Office of International Studies and Programs (OISP), in agreement with the department/college, will collect funds directly from the students as part of the program costs. Those funds would then be transferred to the authorized department for payment of the faculty director’s salary as additional pay upon completion of the program, if applicable. Please select one of the following options:

1. Department Paid Salary
	1. The Faculty Director’s salary will be paid from departmental or college funds. [ ] Yes [ ] No
	2. The Faculty Director’s salary will be paid using release time for typical faculty duties. [ ] Yes [ ] No
	3. The Faculty Director’s salary will be paid using a combination $Click here to enter text. of departmental/college funds and $Click here to enter text. of funds generated through student program costs collected by OISP.
2. OISP will collect funds in the total amount of $Click here to enter text., or Click here to enter text. per student, generated through student program costs.
3. No salary will be allocated to the Faculty Director. Click here to enter text.
4. **Administrative Approvals**

I (we) certify that the program design, academic content/syllabi 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 a date. |
| College Dean Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  | Click here to enter a date. |
| Department Chair/School Director Signature |  | Print Name |  | Date |
|  |  | Click here to enter text. |  | Click here to enter a date. |
| ISU Director of Graduate School Signature *(if applicable)* |  | Print Name |  | Date |