Faculty-led Program Approval Form

Program Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

**Chairs and Deans: the following documents must be attached for review before signing this form:**

1. Faculty-led Proposal Form
2. Faculty Leader Agreement
3. Program Overview
4. Drafted Syllabus (must include GLP rationale and graduate course information if applicable)
5. Tentative Itinerary
6. If applicable; Site Evaluation Form (required of new programs in new locations) & Petition to Travel to an Advisory Listed Region (if destination is listed ≥ Level 2 on the Department of State Travel Warning List).

**Chairs and Deans: Please review this information & consider the following before approving program:**

|  |
| --- |
| **Department Chair (Review each item and check off each box to indicate approval)** |
| * Qualifications of the lead faculty in the academic area, host country and possible student life/conduct issues have been considered and are approved.
* Alternate Faculty Leaders & Assistants have been identified.
* Travel dates and course dates are approved.
* Course is approved by CIC or a One- or-Two Time Course Approval has been approved or is in process.
* If interdisciplinary, the appropriate faculty/department have been consulted and approve.
* There are no competing departmental/school course offerings.
* Syllabi meets UW-Stout criteria and includes Global Perspective rationale.
* Program meets the Higher Learning Commission (HLC) credit hour requirement.
* Student demand is expected.
* Faculty overloads have been considered and will be approved (if applicable)
 |
| **Office of International Education (OIE) (Review each item and check box to indicate approval)** |
| * Reviewed all course information, programmatic logistics & budget.
* Reviewed previous program evaluations (if applicable).
* Confirms no competing international faculty-led programs.
 |

I have read and agree to abide by the guidelines outlined by the Office of International Education.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Faculty Leader |  |  |  |
| 2nd Faculty Leader (if applicable)  |  |  |  |

I attest to the academic integrity of the proposed faculty-led program and recommend this person to lead a University of Wisconsin-Stout study abroad/away program.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name |  Signature |  Date |
| Department Chair |  |  |  |
| College Dean |  |  |  |
| OIE Director |  |  |  |