New Travel Course Proposal

Revised Fall 2018

**COURSE INFORMATION (for the first time the course is offered):**

Program(s):

Title of trip:

Instructor(s):

Person submitting proposal:

Dates of trip:

Brief description:

Indicate nature of the academic component of the course:

Grading:

Indicate type of grading preferred for the **academic** portion of the course:

\_\_\_\_\_ Regular or \_\_\_\_\_ Satisfactory/Unsatisfactory

Indicate type of grading preferred for the **travel** portion of the course:

\_\_\_\_\_ Regular or \_\_\_\_\_ Satisfactory/Unsatisfactory

Indicate type of credit: (please check appropriate areas)

\_\_\_\_\_ This course will **NOT** count toward the minimum requirements for the major in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ This course will **NOT** count toward the minimum requirements for the minor in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ This course will count toward IP credit in the area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach IP form).

Prerequisites (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel Courses: 12 – 25 students = 1 faculty member or 24 – 35 students = 2 faculty members**

Enrollment limit: \_\_\_\_\_ Reason for enrollment limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course fee: \_\_\_\_\_\_\_\_\_ **[NOTE: This can increase no more than 10%.]**

Equipment, supplies, and expenses: (Anticipated expenses must be borne by course fee – for purchase or rentals related to the course – or by department budget – for permanent additions to the department, i.e., video or software purchases.)

A. Equipment or supplies needed:

B. Summary of expenses:

C. Fee per student:

**Please attach both a daily itinerary and syllabus. (Items in your syllabus: A – F)**

A. Goals and objectives; major questions to be discussed: (attach a course outline or description if available)

B. Means of evaluation:

C. Description of class operation including format:

D. Proposed reading list for travel participants:

E. Pre-trip orientation:

F. Other relevant information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Member Date Signature of Second Faculty Member Date

**I have read this proposal, discussed the course with the faculty member, and agree that it fulfills the travel guidelines. I recommend this course take place as described.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental/School Approval (Chair’s Signature)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental/School Approval (Chair’s Signature)

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Reviewed by Dean (Signature)