



**CHECKLIST FOR FACULTY-LED PROPOSALS
(TO BE COMPLETED BY IEE AND THE FACULTY DIRECTOR)**

PROGRAM NAME:	
LOCATION:	TERM:
DATES:	# OF DAYS:
FACULTY LEADER:	DEPT:
FACULTY LEADER: (if joint proposal)	DEPT:

COURSE #	COURSE NAME:	CREDITS:
COURSE #	COURSE NAME:	CREDITS:
COURSE #	COURSE NAME:	CREDITS:

THE FOLLOWING ITEMS HAVE BEEN DISCUSSED BY THE PROPOSING FACULTY/STAFF MEMBERS AND SAMI SONKOWSKY, STUDY ABROAD ADVISOR – IEE REPRESENTATIVE:

- _____ Minimum number of students: _____
- _____ Rationale for teaching the proposed course at the proposed location
- _____ Design of the program – Need, goals, learning objectives, assessment, evaluation
- _____ Target audience for the program
- _____ Safety of location: review of emergency protocol
- _____ Faculty or staff member’s familiarity with the location
- _____ Is an exploratory trip necessary?
- _____ International Development Fund (IDF)? October February April
- _____ Quotes for all expenses of the program have been submitted to IEE
- _____ Budget has been prepared in coordination with IEE and ready for approval process
- _____ Is there sufficient time to properly recruit for the program?
- _____ Pre-departure training

_____ IEE Representative Name – PRINTED	_____ Signature	_____ Date
_____ Faculty/Staff Name – PRINTED	_____ Signature	_____ Date
_____ Faculty/Staff Name – PRINTED	_____ Signature	_____ Date