

## FACULTY-LED PROGRAM PROPOSAL

This form is for Broward College (BC) faculty to submit a proposal to the Office of International Education to lead and teach a Faculty-led Study Abroad (BC FSA) Program during the Summer 2025 term.

Faculty-led Study Abroad Programs are designed as an integrated element within a BC course taught on campus during the summer term. Within this proposal, the faculty members outline how the group travel experience will align with the specific subject or theme of the class. The proposals should directly link the travel experience with the academic focus of the class. The length and number of locations are completely decided by each faculty leader. BC FSA programs are open only to students enrolled in the BC course(s). The study abroad component can be added as an optional element for students in the course(s). BC FSA programs are designed by the faculty to supplement the original academic content in the classroom with experiential learning outcomes.

*Please note that any country with a State Department travel advisory of level 4 will NOT be approved for a BC FSA program. Countries with a level 3 travel advisory will be reviewed on a case-by-case basis. State Department travel advisories can be found at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>.*

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The deadline to submit a proposal is **Tuesday, October 1, 2024**.

To submit: Please, attach all documents to an email titled "Summer 2025 BC FSA Proposal" and send to Ian B. Keil at [ikeil@broward.edu](mailto:ikeil@broward.edu).

Documents Required for a Complete Program Proposal Include:

1. Completed and Signed Program Proposal
2. Course Syllabus (including the special content given during the travel abroad)
3. Preliminary Daily Itinerary
4. Program Cost Worksheet

If you have any questions or concerns, please feel free to email Ian B. Keil –BC Study Abroad Coordinator ([ikeil@broward.edu](mailto:ikeil@broward.edu)).

*Before completing and submitting this proposal, you are encouraged to discuss your idea with your associate dean or dean in order to determine viability and support from your department.*

**PROGRAM INFORMATION**

Program Title for Marketing Purposes: \_\_\_\_\_

List out the City and Country for Overseas Component  
(if multiple cities or countries, list all and length of visit)

CITY/COUNTRY	LENGTH OF VISIT (DAYS)
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____

5.) Anticipated Dates of Travel (*start end dates*):

6.) Anticipated program cost (per student program cost):

\_\_\_\_\_ (Note that more expensive programs are prohibitive to student participation. Costs should not exceed \$5,000)

*Please note that the costs of faculty participation in the program need to be included in the student program fee. Faculty participation costs are absorbed by the students.*

7.) Student participant numbers: minimum\_\_\_\_\_ maximum\_\_\_\_\_

*Note that the minimum is the number needed to make the study abroad program financially viable and the maximum is the limit 2 faculty can comfortably and safely handle with a program like this. Faculty leaders will be compensated by their respective academic departments for teaching courses in study abroad programs. Please be aware that most Associate Deans usually require 10 or more students paying full tuition to cover faculty supplements.*

8.) Provide a 50-word description of the course and study abroad element, which could be used to promote the program.

### TARGET AUDIENCE

1.) This program is open to (Please check all that apply):

\_\_\_\_\_ Students from all programs of study at least 18 years old

\_\_\_\_\_ Students from a specific program only (Please specify program: \_\_\_\_\_)

\_\_\_\_\_ BC College Academy Student, (if at least 18 years old) with parental consent

2.) Please list any additional criteria for participating in the program (certain majors, GPA above 2.5)

3.) How do you anticipate promoting this program?

### COURSEWORK

	COURSE NUMBER & TITLE	# OF CREDITS	INSTRUCTOR
1.)	_____	_____	_____
2.)	_____	_____	_____

Are students required to enroll in both courses listed above? ☐ Yes ☐ No

## PROGRAM LOGISTICS

Have you identified a third-party provider to arrange on-site logistics? ☐ Yes ☐ No

If yes, please complete the following information for the identified third-party provider/host institution you will use for services/logistics in the host country:

Name of Provider / Institution: \_\_\_\_\_

Contact info for Provider / Institution: \_\_\_\_\_

Accommodations for Faculty/Students: ☐ Hotel ☐ Dorm ☐ Hostel ☐ Homestay ☐ Apartment

Other: \_\_\_\_\_

Meals: Will meals be included in the program fee? ☐ Yes ☐ No ☐ Some (*be specific*)

Transportation (*please be aware*):

*All flights must leave and return out of Fort Lauderdale/Miami and they must be included within the program fees. For this reason, a group flight must be offered by the program. Please list out the anticipated flight details below:*

Will in-country transportation be required for this program? \_\_\_\_ Yes \_\_\_\_ No

If yes, list in-country transportation method(s) here:

**PRIMARY FACULTY LEADER INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Associate Dean: \_\_\_\_\_

BC Email: \_\_\_\_\_ BC Phone #: \_\_\_\_\_

Office Location (Campus, Bldg, Room #): \_\_\_\_\_

*Please note that all BC FSA programs require the participation of two BC faculty members and the primary faculty leader MUST be a full-time BC faculty member. The co-faculty member can either be full-time or an adjunct faculty member.*

1) Do you have a valid passport? ☐ Yes ☐ No

a. Country of Issue: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

2) Have you lived or traveled outside of the USA in a personal or professional capacity?

☐ Yes ☐ No

If yes, please explain:

3) Do you have any personal or professional experience/contacts in the designated study abroad country? If you do not speak the language of the country visited, how do you anticipate managing this language barrier? *(these questions are designed to gage your comfort level while traveling in this particular country)* ☐ Yes ☐ No

4) Have you led or co-led a faculty-led program through BC or another institution?

☐ Yes ☐ No

If yes, please explain where:

- 5) At the time of travel, will you have completed two years of continuous employment at Broward College? *(Please note that this a requirement to lead a BC FSA program)* ☐ Yes ☐ No
- 6) List the course you will be teaching as part of the study abroad program? Provide a detailed description of the ways in which the off-campus field experience will build on the themes and skills explored in the on-campus course? *(this last question is designed to assess how well you integrate the specific aspects of the country with the experiential element of your course)*

#### **FACULTY CO-LEADER INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Associate Dean: \_\_\_\_\_

BC Email: \_\_\_\_\_ BC Phone #: \_\_\_\_\_

Office Location (Campus, Bldg, Room #): \_\_\_\_\_

- 1.) Do you have a valid passport? ☐ Yes ☐ No

Country of Issue: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

- 2.) Have you lived or traveled outside of the USA in a personal or professional capacity? ☐ Yes ☐ No

If yes, please explain:

3.) Do you have any personal or professional experience/contacts in the designated study abroad country? If you do not speak the language of the country visited, how do you anticipate managing this language barrier? *(these questions are designed to gage your comfort level while traveling in this particular country)* ☐ Yes ☐ No

4.) Have you led or co-led a faculty-led program through BC or another institution? ☐ Yes ☐ No  
If yes, please explain:

5.) List the course you will be teaching as part of the study abroad program? Provide a detailed description of the ways in which the off-campus field experience will build on the themes and skills explored in the on-campus course? *(this last question is designed to assess how well you integrate the specific aspects of the country with the experiential element of your course)*

**FACULTY LEADER AGREEMENT AND SIGNATURES**

*I understand that if the proposed program is approved, I am responsible for completing program orientation, submitting additional materials to the Greene International Education Institute as requested, and participating in activities related to the program planning, marketing, development, and execution. I agree to follow the Study Abroad Guidelines for Faculty Leaders when offering a BC FSA program as outlined by the Greene International Education Institute and Broward College.*

Primary Faculty Leader Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Co-Leader Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_