Faculty Led Program Proposal 2024-2025

I. Program Overview

Official Program Title: Click or tap here to enter text.

Proposed Course Term and Year: _____Fall _____Spring

Proposed Program Departure: Click or tap to enter a date.

Proposed Program Return: Click or tap to enter a date.

Destination(s): Click or tap here to enter text.

Are you using a provider to help with logistics? ☐Yes ☐No

If yes, have you identified a provider? ☐Yes ☐No

If yes, please provide the **company name, contact person, email and phone number**
Click or tap here to enter text.

Are you requesting funds from Global Education for this program? ☐Yes ☐No

NOTE: As faculty-led programs are academic, credit-bearing courses, all programs must be approved by your college Dean PROIR to submission. College & University leadership may determine which faculty-led programs are available in a given semester, based on factors such as cost, alignment with student academic success and matriculation, location, cross-or-interdisciplinary collaboration.

II. Faculty Leader Information

      First Faculty Leader: Click or tap here to enter text.
      Department: Click or tap here to enter text.
      Instructor of record for course(s): Click or tap here to enter text.
      Email: Click or tap here to enter text.
      Cell Phone: Click or tap here to enter text.

1. **Second Faculty or MSU Staff Leader-must be <u>officially</u> affiliated with the University (note: GA. Community member, significant others not applicable)**: Click or tap here to enter text.
      Department: Click or tap here to enter text.
      Instructor of record for course(s): Click or tap here to enter text.
      Email: Click or tap here to enter text.
      Cell Phone: Click or tap here to enter text.

*If your program has limitations on the ability to fund a second faculty/staff leader, please connect with the Center for Global Engagement staff for options regarding additional support.

Program Summary

Please provide a concise summary of your proposed program and address the following points (attach additional pages, if necessary):

- **Identify how this program supports your college's internationalization goals;**
- **Describe how your program aligns with DEI & equitable student engagement/participation;**
- **Explain key features of your program's high-impact practice(s):** *may address U.S. diversity, global cultural perspectives, exploring worldview different from one's own, or augmenting experiential learning. (AAC&U; http://www.aacu.org/trending-topics/high-impact)*
- **CLEARLY articulate learning objectives & outcomes,**
- **Demonstrate offering program in a cross-disciplinary or interdisciplinary manner.**

Please include any plans to enroll non-degree seeking or others who are not full-times students at MSU

III Academic Information

Course Title	Course #	Section	Credits	Approved as Gen. Ed.		
(Example) *The Geography of the Upper Mississippi River Basin*	*GEOG 123*	*01*	*3*	☒Purple	☐Gold	☐Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐Purple	☐Gold	☐Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐Purple	☐Gold	☐Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐Purple	☐Gold	☐Writing Intensive
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐Purple	☐Gold	☐Writing Intensive

Do you anticipate being able to recruit 10+ students for the program?   ☐ **Yes**   ☐ **No**
10 student minimum is required, unless other enrollment figures are required AND approved by the college leadership

Will this program be available to students enrolled in any major?   ☐ **Yes**   ☐ **No**
If no, define who is eligible to participate:

Is the course which through the faculty-led program is offered **required** for a major/minor/certificate?
☐ **Yes**   ☐ **No**

Is this program offered on a rotational basis (ex: annually, every-other year, etc.)?   ☐ **Yes**   ☐ **No**

Is this program developed for undergraduate students?   ☐ **Yes**   ☐ **No**

Is this program developed for graduate students (*currently enrolled at MSU)*?   ☐ **Yes**   ☐ **No**

Do you anticipate enrolling anyone else, <u>other than a degree-seeking MSU student</u>, in this program?
Please note, additional permissions may be required   ☐ **Yes**   ☐ **No**

Has your department(s) Chair(s) approved your program proposal and any associated costs the department(s) may encumber for the program?   ☐ **Yes**   ☐ **No**

Has your college(s) Dean(s) approved your program proposal and any associated costs the College/department may encumber for the program?   ☐ **Yes**   ☐ **No**

Risk Management Agreement

Please review the country specific information for the program's destination(s) on the U.S. Department of State website and the Traveler's Health information on the Centers for Disease Control and Prevention website. Programs are able travel internationally if the desired destination is a level 1 or 2 on the State Travel Advisory site. If the desired destination is a Level 3 or 4 on the U.S. Department of State Travel Advisory site, faculty will be required to complete additional approval steps found on the Global Education website.

Additionally, if the program includes identifiable risky activities, including, but not limited to, the activities not covered by GeoBlue insurance, you must consult with Chandler Holland, the Director of MSU Environmental Health and Safety and Risk Management. Once you obtain written approval for the proposed activities, please attach the approval to this proposal and check the box below to indicate that you have completed this step. Some examples of risky activities include scuba diving, sky diving, parasailing, hang gliding, parachuting, or bungee jumping.

☐Minnesota State Environmental Health and Safety
        Office Special Permission (if applicable)

I have considered the possible risks to participants involved in this program, and I have read and will comply with my obligations under:

1. Minnesota State procedure 5.19.3: http://www.mnscu.edu/board/procedure/519p3.html;
2. Minnesota State University, Mankato's policy on University-Sponsored Education Abroad Programs: https://www.mnsu.edu/policies/approved/universitysponsorededucationabroadprograms.pdf;
3. Minnesota State procedure 3.41.1
4. Minnesota State Mankato's Employee Code of Conduct: http://www.mnsu.edu/hr/supertool/codeofconduct.html;
5. Minnesota State Employee Code of Conduct: http://www.mnscu.edu/board/procedure/1c0p1.html; and
6. Minnesota State Mankato's Policy on Alcohol and Other Drug Use: http://www.mnsu.edu/policies/approved/alcoholdrugotheruse.pdf.

Please Note: Detailed information regarding medical facilities/providers and contact information for all overnight stays will be required in the completion of the Destination Description document.

This will be provided by the Center for Global Engagement, one month prior to your departure date.

I will complete the detailed information regarding medical facilities/providers and contact information for all overnight stays in the required Destination Description. I will complete and turn this form into the Center for Global Engagement **one month prior to departure**.

_____ (Check to indicate your agreement to provide the Destination Description).

Contingency Plans:

I have outlined the following contingency plan in the event of an emergency (when there may not be a second faculty or program provider available). What is your plan? How will you keep your students safe while addressing any emergency?

VIII. Academic Endorsements

Your signature below indicates your approval of this study abroad or away program and you agree to the following:

- This program contributes to the teaching & internationalization goals of the program, department and college.
- All course numbers listed exist as Minnesota State University, Mankato courses and have been approved through the University curriculum review process.
- The department will support the program through promotional activities, academic advising, course scheduling **and verification of participant registration in the program courses**.

If a program offers courses in more than one department, approval must be obtained from each department.

Faculty Leader 1	*Print Name*	*Department*	*Date*
Faculty Leader 2	*Print Name*	*Department*	*Date*
Department Chair	*Print Name*	*Department*	*Date*
Department Chair (if applicable)	*Print Name*	*Department*	*Date*
Dean	*Print Name*	*College*	*Date*
Dean (if applicable)	*Print Name*	*College*	*Date*