

International Faculty Led Program Interest Form

As per TCU Global, "Leading study abroad [and study away] programs requires a 12 – 15 month preparation process."

Complete this form for any faculty led program with an overnight stay. *For study abroad programs, completion of this form is the first step prior to the call by TCU Global*. Submit completed form, syllabi, tentative itinerary/schedule while traveling to: <u>j.bubonia@tcu.edu</u>

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1.		ler 1					
		Ole ed					
		@tcu.edu					
	Name of Program Lead	ler 2					
	Email	@tcu.edu	Phone ext				
2.	What is the purpose/fo	ocus of the program?					
3.	Will students be enrolling in a class for credit? ☐ Yes or ☐ No						
	If no, please explain why.						
	consideration must alr	eady be approved and i	•	ergraduate or Gradu			
	Course Designation	Course Title		Core Designation	•		
	& Number			if applicable	or minor requirement?		
					_		
4.	Proposed semester/session for program						
	Proposed total length of the course						
	Proposed number of d						
5.	What is the proposed	ocation(s) for travel (Ci	ties and Countr	ies)?			

6.	Who is the target audience	ce for the program? <i>Check a</i>	ll that apply	
	□ Undergraduate	☐ Graduate		
	Describe the types of stude certificate programs).	dents and their classification	s this program would be of inte	erest to? (majors, minors,
7.	Are there any questions of	or additional considerations	to be aware of?	
	ms Policy: Study Abroad an	_	ove is correct and 2) you unders I the Policy on University Travel	
_	n Leader 1 Signature		Date	
Prograr	n Leader 2 Signature		Date	
You wi	ll be notified of the progra	am status by:		
•	December 1 for programs	s offered the following acade	emic year	
review	-	Programs and complete the	oroved to move forward for furt TCU Global Program Interest Fo	
		ACADEMIC DEPARTMEN	NT/SCHOOL USE ONLY	
further Progran	consideration and 3) You ms and the Policy on Unive	understanding the TCU Glob	ormation, 2) In support of this post of this post of this post of the programs Policy: Study Abrosoply to this program. Submit concedu	ad and Study Away
Dept. C	hair/School Director Signa	ture	Date	
□∣арр	prove without reservation			
□ I hav	ve concerns/edits needed			
Comme	ents:			

ACADEMIC DEAN'S OFFICE USE ONLY

Dean's Signature	Date
Decisions	
\square Approved to move forward for further consideration	
☐ Partially Approved Pending Further Information	
☐ Denial	
□ Deferred	
Additional comments:	