

INSTRUCTIONS	PROPOSAL CHECKLIST
<p>Please review the <i>Faculty Led Program Proposal Guidelines</i> before beginning.</p> <p><b>STEP 1:</b> Complete this form.</p> <p><b>STEP 2:</b> Add required attachments (syllabus, budget, itinerary).</p> <p><b>STEP 3:</b> Obtain department chair and dean approvals.</p> <p><b>STEP 4:</b> Submit proposal to the Mercer Abroad office for review.</p>	<input type="checkbox"/> Approved course(s) <input type="checkbox"/> Program dates <input type="checkbox"/> Course syllabus/syllabi (attached) <input type="checkbox"/> Draft itinerary (attached) <input type="checkbox"/> Program budget worksheet (attached) <input type="checkbox"/> Volunteer agreement (if applicable) <input type="checkbox"/> Chair/dean approval

**PROGRAM INFORMATION**

PRIMARY PROGRAM LEADER	DEPARTMENT AND COLLEGE	EMAIL AND PHONE
DESTINATION COUNTRY	SECONDARY LEADER NAME	MERCER DEPARTMENT/COLLEGE
PROGRAM BEGIN AND END DATES	PROGRAM PROVIDER (IF APPLICABLE)	VOLUNTEER CREDENTIALS (IF APPLICABLE)
SECONDARY LEADER DESCRIPTION:  <input type="checkbox"/> Mercer full-time faculty <input type="checkbox"/> Mercer adjunct faculty <input type="checkbox"/> Mercer staff member <input type="checkbox"/> Qualified volunteer* <input type="checkbox"/> Provided by approved partner*  *See <i>Guidelines</i> document for details	U.S. DEPARTMENT OF STATE TRAVEL ADVISORY LEVEL**  <input type="checkbox"/> 1 Exercise normal precautions <input type="checkbox"/> 2 Exercise increased caution <input type="checkbox"/> 3 Reconsider travel <input type="checkbox"/> 4 Do not travel  **Visit the <a href="http://www.state.gov">U.S. Department of State website</a> to find out the travel advisory level for your destination and to review specific safety information.	

COURSE TYPE

- Optional add-on experience to existing course (any student can participate)
- Embedded in fall/spring term course (only students enrolled in parent course may participate)
- Stand-alone course/experience abroad
- Other \_\_\_\_\_

COURSE(S) TAUGHT BY PRIMARY LEADER	COURSE CODE(S)	CREDIT HOURS
COURSE(S) TAUGHT BY SECONDARY LEADER OR PROGRAM PROVIDER	COURSE CODE(S)	CREDIT HOURS

**APPROVALS**

DEPARTMENT CHAIR NAME	SIGNATURE	DATE	MU EXTENSION
DEAN NAME	SIGNATURE	DATE	MU EXTENSION

**ACTION ITEMS: OIP STAFF**

DATE RECEIVED	OIP STAFF INITIALS	STATUS (COORDINATOR OR DIRECTOR)	SIGNATURE	DATE
		<input type="checkbox"/> Returned to faculty for editing		
		<input type="checkbox"/> Approved and moved to recruitment & final drafts		
		<input type="checkbox"/> Other		