



Faculty-Led Study Abroad Program 2018 Program Update and Renewal

Faculty-led programs that have previously been approved by their College and Education Abroad are asked to complete and submit a Program Update and Renewal for programs running during the 2017-2018 academic year. New programs that have not previously been officially approved must first complete the **Faculty-Led Study Abroad Program Approval** process.

I. Program Information

Program Name: _____

Dates: _____

Program Location: _____

*Additional documentation is required if this is a **new** program location*

II. Faculty Information

List all UA faculty that will participate in directing and/or teaching the study abroad program:

Director: _____ Email: _____

Department: _____ Appointment: 9 month 12 month Co-Director: Y N

CWID: _____

Faculty: _____ Email: _____

Department: _____ Appointment: 9 month 12 month Co-Director: Y N

CWID: _____

Faculty: _____ Email: _____

Department: _____ Appointment: 9 month 12 month Co-Director: Y N

CWID: _____

III. Course Information

Maximum number of credits a student may register for: _____

List **all** course offerings for your study abroad program. Please note: Additional courses added to study abroad program **will not be accepted** after this document has been received.

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

IV. Budget Summary

Total Cost Per Student: _____

Total cost per student is determined by completing the **Study Abroad Program Budget** content of the Program Update and Renewal. The budget is a multi-tabbed excel document that takes into consideration the student expenses, faculty salary and expenses, and program overhead. The budget file can be found on the [Faculty Led Proposal](#) page of our website.

Document any changes from prior approved program: (e.g. course change, length, etc.) _____

NOTE:

- Faculty Directors are required to participate in **Risk Management** training (Spring)
- Directors are required to submit **Destination Details and Itinerary** one month prior to departure.

V. Endorsements

Program Director

Signature: _____ Date: _____

***If your program is offering courses from more than one college, you must obtain approval signatures by all Deans and Department Chairs. This includes Honors courses.**

Department Chair

Dean of College

Signature: _____ Date: _____

Signature: _____ Date: _____

Department Chair

Dean of College

Signature: _____ Date: _____

Signature: _____ Date: _____

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EA Director

Signature: _____

Date Received: _____

Budget: _____

Additional Notes:

(additional course listings if needed)

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____

Course Title: _____ Instructor of Record: _____

Course Subject and No: _____ Section: _____ # credit hours: _____