

-				•		,	
F	ACU	LTY	-LED	PROPO	SAL fo	or Recurring	Programs

Term:		Winter□	Spring \square	Summer□	August□	Year:
and requi	red attachmei immer includi	nts to your <u>Educa</u> ng May and Augu	ntion Abroad Colle list programs), Oc	ege Liaisons by the de	adlines: February 1 contact your educat	s). Submit the complete form (winter/spring programs), cion abroad college liaison or culty-led.
	_		g Board (THECB) i broad <u>fiabroad@</u>	· · · · · · · · · · · · · · · · · · ·	certify courses tau	ight abroad. For more
PROGR	AM FACUI	_TY				
Lead Fac	•	Proposed Progr	am			
Departme						Mailstop: hone:
Other Te	xas A&M fac	culty members	teaching in this	program:		
Departme Email:	ent:					lailstop:hone:
			separate shee			
Please in Course Pr	i clude <u>cross-</u> efix & Numbe			holding courses if	available.	
Course Tit Credit hor Faculty of			tact hours (note	the standard is 15 cor	ntact hours per cred	lit hour):
Course Pr	efix & Numbe	r:				
Credit ho			tact hours (note	the standard is 15 cor	ntact hours per cred	dit hour):
Add add	itional cours	es on a separat	e sheet			
Non-trad not alread		vals: All study ab they must be sub		taught in non-traditi your department an		
not design	nated as ICD o	r CD and plan to	pursue ICD or CD	for the section you a	re teaching abroad,	teaching a course that is please include the applicable

approval (signature page 4).

List the course(s) you plan to offer for ICD or CD:





PROGRAM GENER	AL INFORMATION				
Program name:					
Dates of program:					
Locations(s) abroad: What was the program	enrollment for the past th	ree vea	rs?		
	, submit course syllabi show	-		es to the new location.	•
	se either Texas A&M Univer	-			=
·	at Qatar (Dr. Hazem Nouno	-	•	,	
☐Soltis Center for Resea	arch & Education in Costa Ric	ca (Euger	nio Gonzalez, Director, <u>egon</u>	zalez.soltis.center@tam	<u>ıu.edu</u>)
	nt program developments f so, please describe them:	that hav	e enhanced the study abr	oad experience since	the last time the
STUDENT INFORM	IATION				
_	nt to take on the program: Idents for the program to ru	ın·			
Departments you will re	• •	-			
Eligible Classifications (e		=			
Course prerequisites, if a prerequisites can be wait	· · · · ·				
	many credits will students	be requi	red to take:	Min:	Max:
			_		
IN COUNTRY PAR	TNERS FOR LOGISTI	CS			
	istical support, meet safety s				
	ty partner and/or third-party the ground. If you need to f				
before completing this fo	•				ракти
	rmation below about your	progran	m's logistical arrangement	and partnership.	
Name of institution/prov Contact Person's name a	•				
Web address (if any):					
What will the partner pro	ovide? Select all that apply:				
${\it accommodations:} \square$	classroom/lecture space:		group transportation: \square	excursions: \square	meals:□
accommodations hos	t families:□		apartments: \square	hosted: \square	hotel: \square
in-country				. —	_
•	ernal flight:		public bus:	coach:□	train:□
Have you worked with th		Yes:□	No:□		
•	m the partner or vendor?	Yes:□	No:□		
It ves include the	document with the proposa	11			





If you have	an additional	provider, pl	ease include	e all the above	<u>a</u> information	about the	provider	below.	

^{*}Attach any relevant institution or third-party provider's proposal, quote, or correspondence you have received for this program.

Texas A&M University FACULTY-LED PROPOSAL for Recurring Programs



Preliminary Risk Assessment

The primary concern of all programs traveling abroad is the wellbeing, health, and safety of its participants. Program plans must demonstrate clear understanding of the risk environment and detail appropriate risk mitigation strategies. Many risks can be mitigated through thoughtful program design, pre-departure education, and consulting knowledgeable sources. Education Abroad is available to assist in developing security, health, and safety program protocols with you.

Refer to the EA information at: https://global.tamu.edu/ea/program-development. Additional resources: TAMU Extreme and High Risk Countries, U.S. Department of State, Centers for Disease Control and Prevention. Using each category below, please indicate the risks that may affect your program.

Potential Risks to Healtl	h, Safety, & Security:	Yes:□	No:□	If yes, mitigation measures to plan		
Terrorism						
Civil unrest						
Criminal activity						
Natural disasters	-					
Infectious diseases	-					
Water and food safety						
Other (ex. transportation)						
Program Activities and Itinerary Program excursions and activities (cultural and academic) are an inherent part of study abroad programs and should be listed in the itinerary, as well as any optional activities. Please list the program activities you plan to offer and address student preparation and risk mitigation measures. Please review the University International Insurance plan from CISI for Exclusions and Limitations (pp. 8-9). Program leaders are advised to review this document before planning activities. Planned Activities Preparation and Risk Mitigation Measure to be adopted Ex: walking/hiking Inform applicants of walking and fitness (2-5 miles/day). Practice						
NOTE: We understand that	some activities and/or vis	its are subject t	o change afte	er approval of this proposal. Please		

keep in mind the assessment and mitigation considerations when finalizing your itinerary.

Texas A&M UniversityFACULTY-LED PROPOSAL for Recurring Programs



PROPOSAL CHECKLIST

	Complete all sections of the proposal form, including signatures. The funding section should be signed.					
	Include a syllabus for each course that is being added to the original approved proposal.					
	Include a preliminary itinerary for the program, including any planned courses, field experiences, and other activities during the course or pre/post departure from the U.S.					
	The signature of the dean's delegate will be obtained by your education abroad college liaison(s).					
	Include a CV (no longer than two pages) for each faculty member.					
	Verify that all the courses proposed have received approval to be taught in non-traditional duration.					
	If requesting International and Cultural Diversity (ICD) or Cultural Discourse (CD) for study abroad course(s), attach the ICD or CD request form with an additional copy of the syllabus to be reviewed by the AOC Dean.					
	Submit a signed proposal and supporting documents to your <u>Education Abroad College Liaison</u> by the below deadlines.					
Your	Term Deadlines to your Education Abroad Liaison: Your college will forward the proposal to Education Abroad once it is complete and approved. Late submission may not be accepted by the college or, if approved, the program may be managed by the department offering the course(s).					
-	g/Winter – February 1 mer including May and August programs – May					
	bummer including May and August programs – May L Fall – October 1					

Signature:

FACULTY-LED PROPOSAL for Recurring Programs



Date:

SIGNATURE SECTION - All signatures below are REQUIRED

For all sections, add additional signatures on a separate page if needed

<u>Faculty Signature</u>: As a faculty member leading this abroad program, I agree to:

1. Participate in faculty pre-departure trip-leader briefing either in person or virtually within 12 months of departure.

 Provide pre-departure sessions for p Comply with working fund and all or 	. •		
- 1. at .			Date:
Faculty Signature:			Date:
Funding: The following is/are responsibles	e for the faculty member's salary	for this abroad program (selec	t all that apply):
College:	College Dean Approval	Signature:	
Dept.:	Departmental Head Approval	Signature:	
Other:		Signature:	
Academic Departmental Approval: My	signature helow indicates that:		
1. The proposed course(s) to be taugh	_	mental standards	
 I will assign a workload percentage 	•		the courses (s)
3. Final faculty name(s) for the program	· · · · · · · · · · · · · · · · · · ·	, , ,	• •
later than one-semester prior to de	·	•	
Donartment name			
Dept. Head name:			
Signature:			Date:
<u>College Liaison Approval:</u> My signature			
 My signature below indicate 	s I have reviewed this proposa	l and confirm it is complete.	
College name:			
Liaison name:			
Signature:			Date:
			•
My signature below indicates college at meet(s) all college standards. College:	uthorization of the proposed cour	se(s) to be taught outside of th	ne U.S., which I attest
	-	-	

Texas A&M University FACULTY-LED PROPOSAL for Recurring Programs



Information for faculty interested in teaching a Study Abroad course for **International and Cultural Diversity** (ICD) or **Cultural Discourse** (CD) credit.

- 1. The ICD/CD approval process is embedded in the Education Abroad Course Approval Process.
- 2. Course will be approved as ICD/CD <u>by section</u>; only the section taught abroad will carry the ICD/CD attributes.
- 3. Course sections that receive the ICD/CD designation must meet all of the learning outcomes associated with these attributes.
- 4. Course section approval will go through a condensed approval process, which rests with the AOC (Undergraduate) Dean of the college under which the course is being taught.
- 5. Course sections must be approved as ICD/CD each time they are taught as Study Abroad or International Field Trips UNLESS the course has been approved by the Core Curriculum Committee and already designated as ICD/CD.





International and Cultural Diversity Course Section Request

1.	Course prefix and number:	
2.	Complete course title:	
3.	Department submitting request:	
4.	Name of person submitting request:	
5.	Email address:	
6.	List and describe specific assignments and activities that achieve each of the following	ng ICD Learning Outcomes. Be sure to
	review the ICD rubric for specific requirements (Recertification will require evidence	of these activities and how they aided
	students in achieving the required learning outcomes.	
a)	Live and work effectively in a diverse and global society.	
b)	Articulate the value of a diverse and global perspective.	
D)	Articulate the value of a diverse and global perspective.	
c)	Recognize diverse opinions and practices and consider different points of view.	
7.	Attach the current course syllabus.	
	ıbmitted by:	
_	gnature:	Date:
	epartment Head:	
	gnature:	Date:
ΑO	OC Dean/Dean's Designee:	
Sig	gnature:	Date:





Cultural Discourse Course Section Request

1.	Course prefix and number:
2.	Complete course title:
3.	Department submitting request:
4.	Name of person submitting request:
5.	Email:
_	
6.	Is this course open to all majors? Yes (required for approval): ☐ No: ☐
7.	Does this course have prerequisites other than classification? Yes: \square No (required for approval): \square
8.	<u>List and describe specific assignments and activities</u> that achieve each of the following goals in the Cultural Discourse
	Framework. Be sure to review the CD rubric for specific requirements. (Recertification will require evidence of these activities
	and how they aided students in achieving the required learning outcomes.)
a)	Hold respectful discussions and discourse on different topics.
b)	Understand self, including personal bias on difficult topics.
c)	Understand the power of authority is distributed within organizational systems, including recognizing potential forms of
٠,	privilege, oppression, and discrimination.
	privilege) oppression, and discrimination
L.,	
d)	Understand, as an overarching goal, how to use and promote informed dialogue to overcome issues dividing, not uniting,
	individuals and humankind.
e)	Understand tolerance and have a knowledge of when it is appropriate to be intolerant of specific behavior/activities that
-,	violate our core values as people and Aggies.
f)	Understand how to function effectively in multicultural and global society.
	· · · · · · · · · · · · · · · · · · ·
g)	Understand conflict from multiple viewpoints.
l	



FACULTY-LED PROPOSAL for Recurring Programs

9. List and describe ways in which the course will address the following CD requirements:

a)	Incorporates "Aggie Experience Activities" int	to the course		
b)	Incorporates small group discussions into the	course.		
10.	. Attach the current course syllabus.			
Sub	bmitted by:			
Sigr	nature:		Date:	
Dep	partment Head:			
Sigr	nature:		Date:	
AO	OC Dean/Dean's Designee:			
Sign	nature:		Date:	