



**Term:** Fall  Winter  Spring  Summer  August  **Year:** \_\_\_\_\_

This template is **for courses to be taught outside the U.S.** Please submit the complete form and required attachments (per checklist on page 6) to your [Education Abroad College Liaisons](#) by the deadlines: **February 1** (winter/spring programs), **May 1** (summer including May and August programs), **October 1** (fall). Please contact your education abroad college liaison or Education Abroad if you have questions, and visit: [global.tamu.edu/ea/program-development/faculty-led](http://global.tamu.edu/ea/program-development/faculty-led).

The Texas Higher Education Coordinating Board (THECB) is mandated by law to certify courses taught abroad. For more information, please contact Education Abroad [fiabroad@tamu.edu](mailto:fiabroad@tamu.edu).

**PROGRAM FACULTY**

**Lead Faculty for the Proposed Program**

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Mailstop: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Texas A&M faculty members teaching in this program:**

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Mailstop: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Add additional teaching faculty on a separate sheet**

**COURSE(S) TO BE TAUGHT OVERSEAS**

Please include cross-listed and reciprocal exchange holding courses if available.

Course Prefix & Number: \_\_\_\_\_  
 Course Title: \_\_\_\_\_  
 Credit hours: \_\_\_\_\_ Contact hours (note the standard is 15 contact hours per credit hour): \_\_\_\_\_  
 Faculty of record for this course: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_  
 Course Title: \_\_\_\_\_  
 Credit hours: \_\_\_\_\_ Contact hours (note the standard is 15 contact hours per credit hour): \_\_\_\_\_  
 Faculty of record for this course: \_\_\_\_\_

**Add additional courses on a separate sheet**

**COURSE REQUIREMENTS:**

**Non-traditional approvals:** All study abroad courses are taught in non-traditional duration (catalog attribute). If not already approved, they must be submitted through your department and the Curricular Approval Request System (CARS) as soon as possible.

**International and Cultural Diversity (ICD) course and Cultural Discourse (CD) courses:** If you are teaching a course that is not designated as ICD or CD and plan to pursue ICD or CD for the section you are teaching abroad, please include the applicable form attached to this proposal. Your college representative will route the request and paperwork to your AOC Dean for approval (signature page 5).

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



**PROGRAM GENERAL INFORMATION**

Program name: \_\_\_\_\_  
Dates of program: \_\_\_\_\_  
Locations(s) abroad: \_\_\_\_\_

If you plan to use a Texas A&M University location abroad, indicate which one and include a note acknowledging availability from one of the following:

- Texas A&M University at Qatar (Dr. Hazem Nounou, Senior Associate Dean, [hazem.nounou@qatar.tamu.edu](mailto:hazem.nounou@qatar.tamu.edu))
- Soltis Center for Research & Education in Costa Rica (Eugenio Gonzalez, Director, [egonzalez.soltis.center@tamu.edu](mailto:egonzalez.soltis.center@tamu.edu))

**Describe the concept for your program abroad.** Please include:

- The academic objectives for the course(s).
- How the international location enhances student learning.
- The anticipated or documented academic or career benefits to Texas A&M students.
- Will the students enroll in courses at another institution (other than Texas A&M), U.S. or foreign, during the program?

Is there any additional information you would like to include about your program? If so, please describe it here or attach other documents to this proposal.

**STUDENT INFORMATION**

Target number of student to take on the program: \_\_\_\_\_  
Minimum number of students for the program to run: \_\_\_\_\_  
Departments you will recruit from: \_\_\_\_\_  
Eligible Classifications (ex. U2, Grad): \_\_\_\_\_  
Course prerequisites, if any. Please indicate if prerequisites can be waived. \_\_\_\_\_  
If multiple courses, how many credits will students be required to take: \_\_\_\_\_ Min: \_\_\_\_\_ Max: \_\_\_\_\_



## IN COUNTRY PARTNERS FOR LOGISTICS

To provide adequate logistical support, meet safety standards, and university contractual requirements, faculty are asked to work with a provider: university partner and/or third-party provider. This will limit the number of vendors, improve service, and reduce financial transactions on the ground. If you need to find a provider, contact Education Abroad for a list of suggested partners before completing this form.

**Please fill out the information below about your program's logistical arrangement and partnership.**

Name of institution/provider you will work with: \_\_\_\_\_

Contact Person's name and email: \_\_\_\_\_

Web address (if any): \_\_\_\_\_

What will the partner provide? Select all that apply:

- |  |   |  |                                      |                                 |
|--|---|--|--------------------------------------|---------------------------------|
| accommodations: <input type="checkbox"/>                           | classroom/lecture space: <input type="checkbox"/> | group transportation: <input type="checkbox"/> | excursions: <input type="checkbox"/> | meals: <input type="checkbox"/> |
| accommodations in-country transportation: <input type="checkbox"/> | host families: <input type="checkbox"/>           | apartments: <input type="checkbox"/>           | hosted: <input type="checkbox"/>     | hotel: <input type="checkbox"/> |
| internal flight: <input type="checkbox"/>                          | public bus: <input type="checkbox"/>              | coach: <input type="checkbox"/>                | train: <input type="checkbox"/>      |                                 |

Have you worked with this vendor before? Yes:  No:

Do you have a quote from the partner or vendor? Yes:  No:

If yes, please include the document with the proposal.

**If you have an additional provider, please include all the above information about the provider below.**

\*Please attach any relevant institution or third-party provider's proposal, quote, or correspondence you have received for this program.



**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/health-and-safety>. Additional resources: *TAMU Extreme and High Risk Countries*, [U.S. Department of State](#), and [Centers for Disease Control and Prevention](#).

Using each category below, please indicate the risks that may affect your program.

**Potential Risks to Health, 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.

<b>Planned Activities</b>	<b>Preparation and Risk Mitigation Measure to be adopted</b>
<i>Ex: walking/hiking</i>	<i>Inform applicants of walking and fitness (2-5 miles/day). Practice</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*NOTE: We understand that some activities and/or visits are subject to change after approval of this proposal. Please keep in mind the assessment and mitigation considerations when finalizing your itinerary.*



**SIGNATURE SECTION -All signatures below are REQUIRED**

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

**Faculty Signature:** 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.
2. Provide pre-departure sessions for participating students
3. Comply with working fund and all other regulatory guidelines

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Funding:** The following is/are responsible for the faculty member's salary for this abroad program (select all that apply):

**College:** \_\_\_\_\_ **College Dean Approval** **Signature:** \_\_\_\_\_

**Dept.:** \_\_\_\_\_ **Departmental Head Approval** **Signature:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Academic Departmental Approval:** My signature below indicates that:

1. The proposed course(s) to be taught outside the U.S. meet all departmental standards
2. I will assign a workload percentage on faculty workload reports to the faculty member(s) who teach the courses (s)
3. Final faculty name(s) for the program and location-specific syllabus per course will be provided to the Education Abroad no later than one-semester prior to departure

**Department name:** \_\_\_\_\_

**Dept. Head name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College Liaison Approval:** My signature below indicates that:

1. My signature below indicates I have reviewed this proposal and confirm it is complete.

**College name:** \_\_\_\_\_

**Liaison name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College Dean Approval:** My signature below indicates college authorization of the proposed course(s) to be taught outside of the U.S., which I attest meet(s) all college standards.

**College:** \_\_\_\_\_

**College Dean Delegate Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PROPOSAL CHECKLIST

- Complete all sections of the proposal form, including signatures. The funding section should be signed.
- Include a draft syllabus for each proposed course to be taught abroad, including 485, 491, or other individualized courses.
- 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.
- Include a brief statement of availability from the contact at the Soltis Center for Research and Education or Texas A&M University Branch Campus at Qatar, if using one of these locations.
- Submit a signed proposal and supporting documents to your [Education Abroad College Liaison](#) by the below deadlines.

### 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).

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Spring/Winter – **February 1**

Summer including May and August programs – **May 1**

Fall – **October 1**

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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 by section; 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 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.

c) Recognize diverse opinions and practices and consider different points of view.

7. Attach the current course syllabus.

**Submitted by:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Department Head:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**AOC Dean/Dean's Designee:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **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:                       No (required for approval):

8. **List and describe specific assignments and activities** 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 privilege, oppression, and discrimination.

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.

**Texas A&M University**  
**FACULTY-LED PROPOSAL FORM**



TEXAS A&M UNIVERSITY  
Education Abroad

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

a) Incorporates "Aggie Experience Activities" into the course

b) Incorporates small group discussions into the course.

10. Attach the current course syllabus.

**Submitted by:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AOC Dean/Dean's Designee:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_