

Routing for an HSU Faculty led study abroad program (FLSAP)

Name of program _____ Semester/Year of departure _____

Faculty Director (proposer) signature _____ **Date** _____

I certify that I have reviewed this proposal and it is complete. The following are included in the proposal packet:

- Renewal proposal
- Preliminary budget
- Program description
- Itinerary
- Risk issues identified/addressed
- Syllabus:

1. The course offered is an active course at HSU
2. The course offered matches the structure of the course in the catalog (instruction mode/hours/classification)

Comments: _____

Dept Chair signature _____ **Date** _____

I certify that:

- The program is sustainable within this department (consistent with educational objectives of dept., affordable for dept., proposed cost and content of program will allow for maximum student participation)
- The program will run on the following cycle: *(circle one)* every summer every other summer every third summer
- If lead program director is unavailable there are other faculty in the department who can run this program
- The faculty workload is reasonable and does not conflict with other obligations
- Program courses meet degree requirements: *(Circle all that apply)* Major GEAR (GE &/or DCG)

Comments: _____

College Dean signature _____ **Date** _____

I certify that:

- The program is sustainable (is consistent with educational objectives of the college, affordable for the college/HSU, proposed cost and content of program will allow for maximum student participation)
- Program supports strategic plan to internationalize the college/university
- Program supports the Graduation Initiative and retention goals
- Program assists students to meet degree requirements in 120 units
- Program is not duplicated (content/coursework) by another FLSAP program being offered by this college

Comments: _____

Vice Provost signature _____ **Date** _____

I certify that this meets all HSU curriculum guidelines and academic policies.

Comments: _____

The IPRC reviewed the health, safety and risk management implications of this program and has made the following determination:

(Circle one) **Recommended** for approval **Conditionally** recommended for approval **Not** recommended for approval

Date: _____

Comments: _____

CEEE signature _____ **Date** _____

CEEE has reviewed the program and determined that the contents of the preliminary budget are acceptable. CEEE will work with the Faculty Director and the third party service provider to develop a final budget which will be available for review.

Comments: _____

Director, CIP signature _____ **Date** _____

I have reviewed and approved this proposal and certify that the program is in compliance with all Executive Orders and Administrative Letters that apply.

Comments: _____