

Faculty-Led Study Abroad Program Concept Submission Form

This form is intended for new faculty-led study abroad programs that have not previously been offered. Prospective program leaders should submit this form to the WMU Study Abroad Office as the first step in exploring the development of a new program.

At this stage, program details may be preliminary and may evolve. However, the proposed program term, destination country(ies), and academic focus should be identified. This initial review evaluates the feasibility of the program concept and confirms departmental/college support.

Note that approval of a program concept does not guarantee approval of the final program proposal.

Primary Program Leader Details

Name: _____

WMU Job Title: _____ WMU Email Address: _____

WMU College: _____ Academic Department: _____

Employment Category: ☐ Faculty (AAUP) ☐ Professional Instructor (PIO) ☐ Staff (SCS) Exempt/Salaried

☐ Other: _____

Please describe any relevant experience you have in the host country (ex. prior travel, language skills, etc.).

Please describe any previous experience you have leading student groups, facilitating experiential learning, managing student risk and well-being, or supporting students in cross-cultural settings.

Are you planning for any other WMU faculty or employees to have a formal in the program? ☐ Yes ☐ No

If "Yes", please specify

Name: _____ Employment Category: _____

Guests

WMU Study Abroad does not permit "guests" to join WMU Study Abroad programs. "Guests" are anyone who is not a Program Leader, Program Assistant, Participant, or someone providing some type of formal service to the program.

☐ "I understand and acknowledge that guests are not permitted to join WMU Study Abroad programs."

Program Dates & Location

Term and year

Term and year of program (e.g. Spring Break 2027, Summer I 2027, etc.): _____

Dates

Approximate program start date: _____ Approximate program end date: _____

Location(s)

List all locations (City, Country) where the program will stay overnight:

Proposed Academic Focus & Course Information

Course Code and Title, if known (list all courses, if multiple): _____

Credit Hours: _____

Is this course approved to satisfy a WMU Western Essential Studies (WES) requirement? ☐ Yes ☐ No

If "Yes", please specify: _____

Minimum* Enrollment: _____ Maximum Enrollment: _____

**Please note that the home Department/College is responsible for funding the compensation for the Instructor of Record, so minimum course enrollment should reflect the home Department/College compensation policies.*

Please describe the academic focus of this program.

Please describe the target audience for this program. (i.e., major, College, class-level, etc.)

Are there currently other WMU study abroad program options that have a similar focus? If so, please describe how this program will differ from the existing options.

Partner Information

WMU Study Abroad requires faculty-led programs to formally work with in-country partners and/or organizations abroad to assist with providing logistical support.

Do you have any in-country providers or organizations in mind already? ☐ Yes ☐ No

If "Yes", please specify: _____

☐ "I understand and acknowledge the requirement for faculty-led programs to work with in-country partners and/or organizations abroad."

Expectations and Resources for Program Leaders

Program Leaders have responsibilities pre-departure, on-site, and upon return. As a leader, you will hold many roles over the course of a program such as instructional designer, program planner, recruiter, administrator, guide, health and responder, mentor, and more. Successfully running a faculty-led program requires considerable collaboration and communication between program leaders, WMU Study Abroad, and other partners on campus and abroad.

☐ "I agree to meet the expectations for WMU Faculty-led Program Leaders."

Signatures

For the Program Leader: The information on this form is correct to the best of my knowledge.

Program Leader Signature: _____

For the Department Chair and College Dean: By signing below, I support this faculty-led program moving forward to the development stage. This signature authorizes the development of the program only and does not constitute final approval for the program. I understand that I will review the completed Faculty-Led Program Proposal Form at a later stage and provide separate approval before the program may be offered.

Chair Signature: _____

Dean Signature: _____