Faculty-Led Program Information Form

BASIC INFORMATION					
Program Name:					
SIS Course Designation:					
Department:					
How many credit hours will be awarded to students?:					
In which term is this program running?:					
☐ Winter Break					
☐ Spring Break					
☐ Spring (May Abroad)					
☐ May Term					
☐ Summer I					
☐ Summer II					
Faculty Leader Name(s) and Title(s):					
Email(s):					
Phone Number(s):					
Email:					
Phone Number:					
Is this person traveling on the program? ☐ Yes ☐ No					
is this person traveling on the program: \Box res \Box No					
**Would faculty/staff member(s) travelling with the students like to be included in STEP registration? (STEP is a notification system through the U.S. Department of State that allows the U.S. Embassy in-country to locate and assist registrees in an emergency. The Office of Education Abroad will register students before departure; faculty/staff are also registered, if desired): \[\textstyle{\textstyle{1}} \text{Yes} \text{ (please provide name(s) as they appear on passport and date of birth. Optional: passport # and expiry date)} \]					
□ No					
Has this course been through the University course approval process? ☐ Yes ☐ No					
COURSE DETAILS					
Students eligible to attend (undergraduates/graduates/both):					
Majors eligible to attend:					
Is there a foreign language requirement?:					
Are there any program pre-requisites? If yes, please list:					

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	TF	RAVEL ITINERARY			
Are students	expected to purchase their ow	n flight or is a Group Flight <u>required</u> of all participants?			
	Students have the flexibility to purchase own flights based on dates of the program (The Office of Education Abroad will ask students for their individual itineraries)				
	Group Flight is included in program fee (please attach flight itinerary to this Information Sheet)				
	Other. Please elaborate:				
Program Loc	ation (please list all cities and countrie	es you will be visiting):			
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		not count travel dates:			
Wileli udes i	ile course conclude in-country:	Do not count travel dates:			
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Inclusive Da	ate(s)	hostel names if applicable, addresses, phone numbers. OR you may			
Inclusive Da	tion Information (please list hotel/	hostel names if applicable, addresses, phone numbers. OR you may			
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Please indicate which of the following are included with the program fee:

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Item	INCLUDED in program fee	NOT INCLUDED in program fee	Notes:			
Flight						
Housing						
Meals (Breakfasts, lunches, dinners? Some? All?)						
In-country transportation (Flight? Ground travel?						
Admission fees (museums, exhibits, etc)						
Excursions						
Lab/Field fee (if applicable)						
Other (please specify)						
☐ Attach your Budget Worksheet to this form						
	MARKETING					
If so, please provide the URL, so that we may link to it: Program Description. Think: 2-3 paragraphs "selling" the program to students. Highlight visits to local businesses and museums; explain why the course is so important and its impact on the country you're visiting. This will appear on our website. You can see examples by searching for other Spring Break/Winter Break/May Term programs on our website: www.case.edu/studyabroad						
**Please attach any marketing materials that you will use to advertise your program. Pictures, testimonials, descriptive accounts of program outings will be incorporated into our website. APPROVALS						
Department Chair Approval: (Signature)			<u>.</u>			
Dean's Office Approval: (Signature)						

APPLICATION INFORMATION

If you would like to customize the application process for students, please contact us. We are happy to collect additional information from students or provide them additional learning/contractual materials that are applicable to your program.