

Customized Faculty Led Programs Form



NAME _____
PROGRAM DATES _____
DEPARTMENT/OFFICE _____

1. WHAT IS THE NAME OF THE COURSE(S) YOU WILL YOU BE TEACHING? _____

2. ARE THERE ANY PRE-REQUISITES OR REQUIREMENTS FOR STUDENTS GOING ON THIS PROGRAM? _____

3. WHAT COUNTRY (OR MULTI-COUNTRIES) WOULD YOU LIKE TO TAKE STUDENTS TO? _____

4. HOW MANY WEEKS DO YOU WANT THE PROGRAM TO BE? _____

5. DO YOU WANT TO TAKE STUDENTS ON WEEKEND EXCURSIONS? WHERE? HOW MANY? _____

6. DO YOU WANT LANGUAGE COURSES TO BE OFFERED? IF SO, WHICH LANGUAGE(S)? _____

7. HOW MANY CREDITS WILL STUDENTS RECEIVE FROM GOING ON YOUR PROGRAM? _____

8. WHAT TYPE OF HOUSING DO YOU PREFER? PLEASE CIRCLE

DORMS

APARTMENTS

HOME STAY

ANY

9. THE MAIN PURPOSE OF THE PROGRAM IS TO _____

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10. WHAT ARE YOUR MAIN CONCERNS? _____

*NOTE: THIS NEXT SECTION SHOULD ONLY BE FILLED OUT BY FACULTY WHO HAVE LED PROGRAMS OVERSEAS BEFORE

11. BRIEFLY DESCRIBE THE LAST PROGRAM YOU LED AND WHERE. _____

12. WHAT DID YOU FEEL WERE STRENGTHS OF THE PROGRAM? _____
