

## Proposal form for SDSU Faculty-Directed Programs

\*Date of Request:

Status of Proposal: w

First Time Submission  
Revised Proposal -Resubmitting  
Annual program-Previously approved  
Other-or **Jacks Start Program**-Please add information below

Other Status-Please describe

Submitted by (Faculty Leader):

\*First Name:

\*Last Name:

\*Position Title

\*Phone Number:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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\*Email Address:

<input type="text"/>	@sdstate.edu
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College/Area:

Department/Unit:

Department Head/Director:

Department Head Email Address:

Co-Leader:

\*First Name

\*Last Name

Is the Co-Leader a SDSU employee:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If no, please justify why is the person qualified to be a co-leader:

Does the co-leader have permission to be a co-leader from the Department/Dean: Yes ☐ TBD ☐

How often will you offer this program:

Annually
Bi-annually
Other

If Other, please describe:

Program Length (number of weeks) or approx.

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Cooperating Institutions Abroad Information or N/A:

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Anticipated Number of Students:

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A list of majors from which you will hope to draw students:

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Destinations: Please list cities and states **or** cities and countries

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If your destination is out of the country, please check the current travel advisory level and list here by going to

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

Travel Level as of:

Date:	Travel Advisory Level: Drop Down Travel Level 1,2,3,or 4
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Which semester will you provide the academic content of the program? Drop Down

FA	SP	SU
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When will the travel take place:

SP		SP BK		SU		FA		Winter Break		Other	
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Program Travel Dates:	MM/DD/YYYY	MM/DD/YYYY
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If traveling at Spring Break, will you be requesting travel days before or after that will need the Provost's approval?

Yes	Dates:		No	
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**PROGRAM TITLE:**

File upload for narrative:

Upload Narrative file here

What is your hope for the program cost? Also, please tell us who you are working with if you have already contacted a travel agency or provider group.

Under \$2000

\$2000-\$3000

\$3000-\$4000

\$4000-\$5000

\$5000-\$6000

Classes Missed

Course#

Course Dates:

From:	
To:	

Replacement:

SUBMIT REQUEST

## Approved Dates & Comments

Requester:

Request Date:

Requester's Comments:

Department Head:

Department Head Approval Status:

Department Head's Comments:

Dean:

Dean Approval Status:

Dean Comments: