EDUCATION ABROAD FACULTY-LED PROGRAM
FEASIBILITY PROPOSAL

I. THIS SECTION MUST BE COMPLETED BY THE DEPARTMENT CHAIR OR EQUIVALENT
(Please use one separate form per academic department involved in this proposal)

- Use the tab key to change lines while editing -

1. Name of Academic Program Director (APD): _____

2. Program location: _____

3. Semester: _____

4. Department: _____

5. College: _____

6. Describe how this proposed education abroad program will contribute to the mission of your department.

_____

_____

_____

7. Explain briefly how well the location and content are suited and appropriate for the course(s).

_____

_____

_____

8. Indicate what qualification this faculty member has that makes him/her a strong candidate to lead this program.

_____

_____

_____

9. Select the appropriate answer:

- ☐ I don't see any conflict with other Texas State faculty-led programs
- ☐ I see conflict with other Texas State faculty-led programs.

Explain: _____

_____

10. What kind of support do you anticipate this program will have from the other faculty members in your department?

- ☐ Full
- ☐ Moderate
- ☐ None

11. List strengths and concerns that you see in this program.

Strengths: _____

_____

Concerns: _____

_____

12. This program will be offered as:

- ☐ Extension (available for all Fall, Spring & Summer programs)
- ☐ Formula funded (available **only** for Fall & Spring programs)

13. Do you support this program?

- ☐ Yes, without reservations
- ☐ Yes, with reservations (explain)
- ☐ No (explain)

14. Will your department be able to contribute to faculty travel expenses to offset the cost to students?

☐ Yes (Estimated amount: $ _____) ☐ No

15. Additional comments *(please feel free to contact Education Abroad at ext. 5-1967 if you prefer to discuss any information by phone or in person):*

_____

_____

_____

16. Department Chair Name: _____ Signature: _____

Date: _____

II. THIS SECTION MUST BE COMPLETED BY THE COLLEGE DEAN
(Please use one separate form per college involved in this proposal)

- Use the tab key to change lines while editing -

1. Name of Academic Program Director (APD): _____

2. Program location: _____

3. Semester: _____

4. Department: _____

5. Describe how this proposed education abroad program will contribute to the mission of your college and university goals.

_____

_____

_____

6. List strengths and concerns that you see in this program.

Strengths: _____

_____

Concerns: _____

_____

7. What kind of support will your college provide to this program?

_____

_____

_____

8. Do you support this program?

- ☐ Yes, without reservations
- ☐ Yes, with reservations (explain)
- ☐ No (explain)

9. Will your office be able to contribute to faculty travel expenses to offset the cost to students?

☐ Yes (Estimated amount: $ _____) ☐ No

10. This program will be offered as:

- ☐ Extension (available for all Fall, Spring & Summer programs)
- ☐ Formula funded (available only for Fall & Spring programs)

11. Additional comments *(please feel free to contact Education Abroad at ext. 5-1967 if you prefer to discuss any information by phone or in person):*

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12. College Dean Name: _____ Signature: _____

Date: _____