

## Application for Short-term Travel Components for Semester Courses

**This application should be submitted to CIIS by October 1 for spring semester components and by February 1 for fall semester components. Travel components may occur immediately prior to the beginning of the course, during mid-semester breaks, and immediately after the course.**

Before submitting this application, you should check the website for the Centers for Disease Control: <http://cdc.gov> and have a conversation with the director of the Diana B. Torrey Health and Counseling Center.

### PART ONE

Faculty Leader(s) \_\_\_\_\_ Department \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Department and course number \_\_\_\_\_

Location of travel \_\_\_\_\_ Dates of travel \_\_\_\_\_

How many units is this course? \_\_\_\_\_

Does the travel component involve additional credits? \_\_\_\_\_

Maximum and minimum number of students you will take on the component \_\_\_\_\_

Names of all faculty/staff accompanying the group \_\_\_\_\_

Have you met with the health center to consult about health related requirements? Yes \_\_\_ No \_\_\_

List any immunizations required \_\_\_\_\_

List any immunizations recommended \_\_\_\_\_

Does the Health Center recommend individual student consultations? Yes \_\_\_ No \_\_\_

Indicate any particular health, security or environmental risks to students posted by this travel or any other kind of risk arising from the activities planned. Attach with this application a copy of the Consular Information Sheet on the country or countries you will travel to, along with any relevant public announcements or advisories from the U.S. State Department: <http://travel.state.gov>.

## Application Short-term Travel Component

### **PART TWO**

On separate sheets, please attach your responses to the following questions.

A description and/or itinerary of the proposed travel component and explanation of how it will enhance student learning in your course.

As group leader, it is your responsibility to insure that students have a substantial academic experience (for courses) and appropriately supervised (all abroad experience); you are responsible for each student's well-being while the student is directly participating in the program. You are essentially on-call twenty-four hours a day, every day of the program, and your primary responsibility while abroad is the students' safety. **With this in mind, describe your familiarity with the host location, its resources for academic inquiry as well as for the safety of the students.** If the primary language spoken there is not English, indicate your level of fluency in the primary language of that country and/or your plans for using interpreters for student instruction and excursions. How much time have you spent in the host country?

Do you intend to provide opportunities for specifically intercultural learning on this component? Indicate how you will prepare students for interaction with the local population. List the on-site activities which will enhance cultural immersion.

Provide a budget for this component which includes:

- Air fare or other transportation
- Housing
- Meals
- Travel costs on site (e.g. bus, train travel)
- Instruction costs (honoraria for guest speakers, guides, etc.)
- Other significant costs
- Include a figure for your travel, housing and meals.

Provide information about any other sources of funding for this travel for which you have applied or to which you have access.

If you plan to have other adults accompanying the program, involved in instructing and/or supervising students, indicate their credentials and their ability to assist in emergencies.

Obtain the signature, which indicates approval for this travel, on the attached Approval Forms, of your department chair/supervisor.

## Application Short-term Travel Component

If you receive CIIS funding, or other funding, you should arrange with the Registrar to describe the travel cost to the student associated with this course at the time of student registration.

### **Program Approval Form**

The information I have provided about this travel is accurate as of the date of submission. If there are changes to the information, regarding the schedule, the costs, or security, I agree to make these known as soon as possible to the Associate Dean for International Studies.

\_\_\_\_\_  
Faculty Leader (signature)

\_\_\_\_\_  
Date

I support this proposal for a travel component and believe it will significantly enhance student learning in this course.

\_\_\_\_\_  
Department Chair/Supervisor (signature) Date