



NEW STUDY AWAY PROGRAM PROPOSAL SUPPORTING SIGNATURES

(Please do not delegate signatory authority for this document)

Program Name: _____ **Term:** _____

Program Director(s) Name(s): _____

Names of other instructional and administrative staff involved in the program, if any

New Study Away Program Proposal Approvals: (Duplicate this section if collaborating program directors are from different departments. Please attach the program proposal and supporting documents.):

FACULTY MEETING APPROVAL

All proposals must be discussed in a faculty meeting and then voted on by a quorum of the faculty. The votes should be by secret ballots with faculty voting to Approve or Not Approve the proposal. The vote should be reported by the unit head or director.

Date of the Faculty Meeting _____

Tally of the Faculty Votes: _____ voted “Approve” _____ voted “Not Approve”

COLLEGE-LEVEL STUDY AWAY COMMITTEE REVIEW

The proposal should undergo review and approval by a college-level Study Away Committee.

College-level Study Away Committee Chair Name: _____

College-level Study Away Committee Recommendation:
_____ Voted Approve _____ Voted Not Approve

Review Date: _____ Signature of Chair: _____

ACADEMIC UNIT ADMINISTRATION APPROVAL

My signature below indicates my approval of the new study away program proposal and that I have ascertained the following:

ACADEMICS:

1. The proposed program will contribute to the academic mission of the unit and is eligible for academic credit.
2. The proposed program is in compliance with the [UGA Credit Hour Policy](#).
3. The curriculum is appropriate and sufficiently rigorous, commensurate with other courses in the academic unit; content, pedagogical methods (lecture, seminar, field experience, research, lab research, internship, service-learning, etc.) and number and types of assignments are appropriate to the discipline.

4. All course prefixes and numbers listed have been approved by the faculty and are either existing UGA courses, or new courses pending official approval.

FACULTY PARTICIPATION:

1. The proposed program director(s) is/are an appropriate choice to lead this program, given the [performance expectations](#) for UGA program directors, faculty and staff.
2. The program director(s)' absence from campus for the duration of the program has the approval of the academic unit head or director.
3. The academic unit will be offering in-kind support to the director for this program, such as course release during the academic year, or other forms of in-kind support:
 Yes (please specify) _____
 No

FINANCES:

1. The proposed salary compensation for instructional staff, including the director, is aligned with on-campus standards for teaching during the same period. If the compensation deviates from on-campus standards, please explain why, and how any overages will be paid.
2. Other proposed program expenses are reasonable and in accordance with UGA and USG policies for use of state funds.
3. Appropriate account numbers are listed for the program.
4. Names and titles of faculty and staff involved in the program are stated accurately.
5. The Program Director, any other UGA faculty, any local (foreign) faculty scheduled to teach in the program, and all graduate teaching assistants are qualified in accordance with UGA [Instructor of Record Credentialing](#). UGA teaching assistants must meet the required number of graduate hours and other Instructor of Record requirements and must be pursuing a degree at UGA at the time of the education abroad program.

CANCELLATION/MODIFICATION OF PROGRAM

The University reserves the right to modify or cancel this Program at any time before or after departure. Among the possible reasons for modification or cancelation of a program are:

Financial insolvency: if the Program does not reach minimum enrollment as defined by the spending plan, the program may be canceled due to financial insolvency. The decision to cancel or modify a program due to low enrollment will be made by the Office of International Education in consultation with the program director(s) and the sponsoring unit (college/department).

Travel Warnings: if the Program takes place in a country with travel warnings and advisories from the US Department of State, Center of Disease Control of situation in which the health, security or safety of the students might be at risk. The decision to cancel or modify a program due to travel warnings will be made by the Office of International Education in consultation with the program director(s) and the sponsoring unit (college/department).

By signing this form I acknowledge that I have reviewed the attached New Study Aaway Program Proposal and approve of the Program Academics, Faculty Participation, Program Finances and terms of Cancelation/Modification of Program outlined above.

Academic Unit Approval:

Unit Head/Director Name: _____

Department: _____

Date: _____ Signature: _____

College Approval:

College Dean Name: _____

College: _____

Date: _____ Signature: _____

OGE NEW STUDY AWAY PROGRAM COMMITTEE REVIEW

All proposals must be reviewed and voted on by the OGE New Study Away Program Committee.

Tally of Votes: _____ voted "Approve" _____ voted "Not Approve"

Committee's Recommendation: ____ Recommended for Approval ____ Not Recommended

Date of the Committee Meeting _____ Committee Chair Signature: _____

OFFICE OF GLOBAL ENGAGEMENT APPROVAL

My signature below indicates OGE's authorization of the proposed study away program.

Director of Global Engagement:

Date: _____ Signature: _____

Associate Provost for Global Engagement: _____

Date: _____ Signature: _____