NEW STUDY AWAY PROGRAM PROPOSAL SUPPORTING SIGNATURES

(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 Away Program Proposal and approve of the Program Academics, Faculty Participation, Program Finances and terms of Cancellation/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: _____________________________