

Proposal Form

Best practice is to discuss this proposal with International Affairs and your department chair early on in the process. Please submit this completed Proposal Form and return with your syllabus and a detailed itinerary to International Affairs in one (1) email to international@uccs.edu. The materials and form are due by April 1 in order to offer a program the following winter/spring/summer.

Program Leader Information

UCCS Primary Faculty/Staff Leader

Faculty/Staff Leader Name (please print)

Title

Department

College

Email

Office phone

Cell phone

UCCS Secondary or Co- Faculty/Staff Leader

Faculty/Staff Leader Name (please print)

Title

Department

College

Email

Office phone

Cell phone

Course Details

Course Number

Course Title

Level (UG, Grad, Both)

Term and Year Offered (i.e. summer 2025)

Minimum number of students required for the course to be offered

Proposed travel dates (include month, day, and year) If the dates are over a U.S. Federal Holiday, they must be pre-approved.

Countries and cities visited on your program

-See next page-

Signatures

Program Leaders

By signing below, I understand that as a program leader abroad, I am responsible for collaborating with International Affairs and my Department/College/ and/or School in leading a short-term program abroad. In addition, I understand that I am required to review and follow important policies, procedures, and procedural guidance outlined in this guide and on the International Affairs website. I also understand that I am a responsible employee and campus security authority in my role as a faculty leader.

Primary Faculty/Staff Leader Name (please print)

Primary Faculty/Staff Leader Signature

Date

Secondary or Co-Faculty Leader Name (please print)

Secondary or Co-Faculty Leader Signature

Date

Signatures

Leadership

I approve the above faculty an/or staff in leading a short-term program abroad and have reviewed the content of the Proposal Form including the draft of the itinerary and syllabus (if required).

Department Chair or Supervisor Name (please print)

Department Chair or Supervisor Signature

Date

Dean/Associate Dean/Assistant Dean Name (please print)

Dean/Assoc. Dean/Asst. Dean Signature

Date

International Affairs . 1420 Austin Bluffs Parkway. Copper House 9202 . Colorado Springs, CO 80918
Phone: 719-255-5018 . Email: international@uccs.edu . Website: international.uccs.edu

Office Only: Travel Dates Approved _____ Itinerary Received _____ Meeting with IA _____