



## Faculty Application for Study Abroad Program

Thank you for your interest in teaching abroad. Please complete this application.

Upon completing the application, forward it with a proposed syllabus to your Department Head and Dean of the College for their approval. Once they approve, kindly send the completed application and proposed syllabus to [studyabroad@louisiana.edu](mailto:studyabroad@louisiana.edu).

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date: \_\_\_\_\_ ULID: \_\_\_\_\_ Office Extension: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail address \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

Department Head's Name: \_\_\_\_\_

During which session and year do you propose to go abroad? (Check)

Fall

Spring

Summer

Year

Program Location: \_\_\_\_\_

Please indicate your current faculty status by selecting one of the following options:

Full-Time Faculty

Part-Time Faculty

Other (Please specify)

Indicate any experience you have had in developing and/or leading study abroad programs or related activities:

# Course Proposal 1

Course Name, Prefix and Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Please indicate the course category:      Required course in the major      General Education course

Does this course include a Course-Embedded Undergraduate Research Experience (CURE)? Yes      No

**Course Academic Rationale: (Please include proposed visits and how the course is relevant to the area(s) visited)**

**Course Publicity/Description for Students: (Please incorporate suggested trips to make it appealing for students)**

### **Cross-Listing 1 for Course 1**

Please leave this section blank if you are not cross-listing courses.

Course Name, Prefix and Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Please indicate the course category:      Required course in the major      General Education course

Department Head's Name for Cross-listing 1 for Course 1: \_\_\_\_\_

**Course Academic Rationale: (Please include proposed visits and how the course is relevant to the area(s) visited)**

### **Cross-Listing 2 for Course 1**

Please leave this section blank if you are not cross-listing courses.

Course Name, Prefix and Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Please indicate the course category:      Required course in the major      General Education course

Department Head's Name for Cross-listing 2 for Course 1: \_\_\_\_\_

**Course Academic Rationale: (Please include proposed visits and how the course is relevant to the area(s) visited)**

# Course Proposal 2

Course Name, Prefix and Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Please indicate the course category:      Required course in the major      General Education course

Does this course include a Course-Embedded Undergraduate Research Experience (CURE)? Yes      No

**Course Academic Rationale: (Please include proposed visits and how the course is relevant to the area(s) visited)**

**Course Publicity/Description for Students: (Please incorporate suggested trips to make it appealing for students)**

### **Cross-Listing 1 for Course 2**

Please leave this section blank if you are not cross-listing courses.

Course Name, Prefix and Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Please indicate the course category:      Required course in the major      General Education course

Department Head's Name for Cross-listing 1 for Course 2: \_\_\_\_\_

**Course Academic Rationale: (Please include proposed visits and how the course is relevant to the area(s) visited)**

### **Cross-Listing 2 for Course 2**

Please leave this section blank if you are not cross-listing courses.

Course Name, Prefix and Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Please indicate the course category:      Required course in the major      General Education course

Department Head's Name for Cross-listing 2 for Course 2: \_\_\_\_\_

**Course Academic Rationale: (Please include proposed visits and how the course is relevant to the area(s) visited)**



## **Acknowledgment and Approval Form**

This section is intended for completion by the Department Head and Dean of the College.

If the faculty member is non-full-time (page 1), the Department Head must provide a detailed justification for their consideration for teaching abroad. This should include the faculty member's qualifications, experience, the absence of full-time faculty for this role, and the benefits to the department and students.

### **Department Head**

By acknowledging this application, I confirm that I have met with the instructor and thoroughly reviewed the proposed course(s). Should the Division of Global Engagement grant approval, the department will provide its full support for the instructor to offer the stated course(s), ensuring alignment with the academic requirements established by the department.

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*Department Head's Name (printed) **REQUIRED***

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*Department Head's Signature **REQUIRED***

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*Date of Signature **REQUIRED***

### **Dean of the College**

By signing this application, I acknowledge that a faculty member from our college is applying to teach abroad, and I support their pursuit of this opportunity to enrich their academic and personal growth.

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*Dean of the College's Name (printed) **REQUIRED***

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*Dean of the College's Signature **REQUIRED***

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*Date of Signature **REQUIRED***