



**Salisbury University Center for International Education**  
**New Short-Term Faculty-Led International Program Proposal**

This form must be filed with SUCIE **BY JULY 15** for Programs the following Academic Year. **NO EXCEPTIONS!** This includes Winter, Spring Break, Summer and Fall programs.

In addition to the completed form, please include the following: **a) Program narrative; b) Letter of support from Department Chair; and Estimated Program Budget.**

Program Title: \_\_\_\_\_

Program Location(s): \_\_\_\_\_

Faculty Director: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Program Term:  Winter  Spring Break  Summer  Fall Academic Year: \_\_\_\_\_

Program Length: \_\_\_\_\_ Number of weeks Estimated Program Dates: From \_\_\_\_\_ To \_\_\_\_\_

Anticipated Frequency of Program Offering:  One-time only  Annual  Biennial  
 Cooperating Institution(s) Abroad: \_\_\_\_\_

Type of program housing to be used or options available (check all that apply):

- Host university dormitories  Home stays  Hotels  Apartments  Youth Hostels  
 Other (please explain): \_\_\_\_\_

Anticipated Student Enrollment: \_\_\_\_\_ Major(s) from which students are likely to be drawn: \_\_\_\_\_

**Anticipated Course(s) Offered:**

| Prefix | Course Number | Section Number | Course Title | Credits |
|--------|---------------|----------------|--------------|---------|
|        |               | .901           |              |         |
|        |               | .901           |              |         |

- Request that SUCIE add course to schedule  Department prefers to add course to schedule  
 If department adds the course, please make sure to select Department Consent and set Enrollment Capacity at 0. Students should not be able to enroll themselves in the class or drop the course.

| REQUIRED SIGNATURES   | Printed Name | Signature and Date |
|---|--------------|--------------------|
| Faculty Director  |              |                    |
| Chair of Sponsoring Department  |              |                    |
| Dean of School Housing Sponsoring Department                                      |              |                    |
| Dean of School Housing Faculty Director (if different than sponsoring department) |              |                    |

**Center for International Education Use Only:**

Date Received: \_\_\_\_\_ Program Approved  Yes  No Director Initials: \_\_\_\_\_

Dr. Brian N. Stiegler, Director Center for International Education: \_\_\_\_\_

Signature/Date