Bridgewater State University
Office of Study Abroad
International Study Tour Course Proposal Form

Course Information Course #s: U _____ G _____ # Credits _____

Title _____

Country (ies) _____

Are there any special academic or physical requirements for students? _____

Special requirements for participants? _____

Schedule: Pre-departure session dates: _____ Travel dates _____

Last session date after return: _____ Coursework completion date _____

Approved course _____ OR One Time Experimental _____
Participant number limit _____ Explanation _____
Prerequisites _____
Attach the following:
Syllabus _____ Travel itinerary _____ Course description _____ List of Highlights _____

Travel contacts/ Tour Companies/ University contact info_____

Instructor Information
Instructor_____
BSU campus address _____ Cell Phone _____
Home address _____Town, zip _____
Email address _____ Home phone _____
First time tour leader?_____
Note: If instructor anticipates instructional expenses beyond regular compensation or authorized travel, prior approval for these expenses must be obtained from the Director of International Programs. Instructional compensation is based on the number of participants enrolled for academic credit. Ten or more students results in full course rate as a continuing education course. If less than ten (10) students, the instructor is compensated at the Directed Study rate.

Additional information to include in the proposal:

1. Contact information for all travel agents, tour providers and people you propose to visit if you have them (universities, museums, historic sites, organizations, etc).
2. Your previous experience in the locations proposed.
3. Other educational institutions involved in this study tour, if any.
4. Estimate of expenses for students and faculty (lodging, travel, meals, local ground transportation, bus rental, train passes, etc).
5. Itinerary Outline
6. Other relevant information.

Signature of Instructor: _____ Date _____

Approved by: _____ Date _____
Department Chair
Approved by : _____ Date _____
Study Abroad Advisory Committee

Office information only:
Received by OSA office _____ Approved by OSA Director _____