



Tallahassee Community College

CREDIT INTERNATIONAL OR DOMESTIC TRAVEL STUDY PROGRAM PROPOSAL

TRAVEL APPLICATION APPROVAL PROCESS

The faculty member must complete the proposal application and submit no later than October 15 for summer travel. The proposal must be approved and signed by the faculty member's dean.



The application (with the dean's signature) is submitted to the Coordinator of the Global Education Council.



The Coordinator submits the application to Global Education Council to review for completeness and to assure equity among programs. Once the program is reviewed, a recommendation will be made for approval and submittal and approval to the Provost no later than November 15.



Marketing of the program may begin in December. Set up an agency account for student travel if warranted.



Provide the dean with all of the student forms no later than May 15, which includes student code of conduct, emergency information sheet, health insurance verification form, contact information sheet, student application, agreement of participation, and scholarship application.



CREDIT INTERNATIONAL OR DOMESTIC TRAVEL STUDY PROGRAM PROPOSAL

| | |
|-------------------------------------|----------------------|
| Name of Travel Study Program | Iceland Study Abroad |
|-------------------------------------|----------------------|

PART 1: PROGRAM LEADER INFORMATION AND EXPERIENCE

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|-----------------------------|--|
| Name of Lead Faculty | |
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Is the Lead Faculty member the instructor of record whose credentials meet the specifications of TCC's SACS credentials?

Yes No

Is the Lead Faculty member a full time faculty member at TCC?

Yes No

Has the Lead Faculty member participated in the TCC Study abroad Grant Program?

Yes No

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| Describe the Lead Faculty member's experiences with study abroad, international travel, the host country language, and the proposed host country location. |
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Identify courses the Lead Faculty has taught in this area. For example, if the program involves travel to Central America and the courses offered for credit are SPN 1120 and SPN 1121, has the Lead Faculty Member taught these courses previously?

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PART 2: OTHER FACULTY/PARTICIPANTS (NOT STUDENTS) INFORMATION AND EXPERIENCE

Names and roles of others requesting to participate in the program.

| Name | Role for the Travel Study Program |
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| Participant/ Faculty Name #1 | |
| Describe other participant's experiences with study abroad, international travel, the host country language, and the proposed host country location. | |
| | |
| Identify courses taught in this area. For example, if the program involves travel to Central America and the courses offered for credit are SPN 1120 and SPN 1121, has other participant taught these courses previously? | |
| | |
| Participant/ Faculty Name #2 | |
| Describe other participant's experiences with study abroad, international travel, the host country language, and the proposed host country location. | |
| | |
| Identify courses taught in this area. For example, if the program involves travel to Central America and the courses offered for credit are SPN 1120 and SPN 1121, has other participant taught these courses previously? | |
| | |

PART 3: PROGRAM AND COURSE INFORMATION

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|-------------------------------------|--|
| Projected Number of Students | |
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Please describe the activities and dates of activities that will be used to recruit students.

| Description of Recruitment Activity | Date and Time of Recruitment Activity |
|--|--|
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| Describe type of student sought to participate in this program with regard to academic area, demographic orientation, or field of interest. |
| |

Please describe the orientation activities that will address requirements of the program, such as medical insurance, deadlines, costs, etc.

| Description of Each Orientation Session (include what will be discussed at each session) | Date and Time of Each Orientation |
|--|-----------------------------------|
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| What type of travel insurance will be required of the students? |
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Will students be required to obtain a passport? Yes No

Will students be required to obtain a travel visa? Yes No

Will Non-US students be required to obtain a travel visa? Yes No

Will students be required to obtain health inoculations? Yes No

If there is insufficient interest by students, what is the date when the program will be cancelled?

What is the refund policy in case of trip cancellation by the college? Please make sure you provide details about each cost associated with the program.

What is the refund policy in case of trip cancellation by the student? Please make sure you provide details about each cost associated with the program.

The initial \$150.00 deposit is refundable up until March 15. All payments made after that date are non-refundable.

What course is being offered and how many credits for each course being offered through the program? A syllabus must be included for each course.

| Course ID | Course Name | Number of Credits | When will course be offered? (semester, year) |
|------------------|--------------------|--------------------------|--|
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PART 4: PROGRAM DATES AND DEADLINES

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|---------------------------|--------|-------------------------|--|
| Program Start Date | Summer | Program End Date | |
|---------------------------|--------|-------------------------|--|

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|---|--------------------|
| Accepting student applications start date | <i>February 15</i> |
| Deadline to accept student applications | <i>February 15</i> |
| Accepting student's deposit check amount - \$150.00 | <i>February 15</i> |
| Deadline for Students receiving deposit refund | <i>March 15</i> |
| Accepting student's second payment amount \$500.00 | <i>March 15</i> |
| Accepting student's second payment amount \$500.00 | <i>March 15</i> |
| Accepting student's final balance payment | <i>May 15</i> |

PART 5: AGENCY PROVIDER AND COSTS

Quote #1

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| Agency Name: | |
| Phone Number: | |
| Address: | |
| Contact Person: | |
| Price of Tour: | |
| Does the company provide faculty/staff space per number of paying participants? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the company provides faculty/staff space, what is the ratio of students to faculty/staff? | |
| Can this space be used for a student scholarship or must the space be used only by a faculty/staff member? | |

Attach the tour price quote.

Quote #2

| | |
|--|--|
| Agency Name: | |
| Phone Number: | |
| Address: | |
| Contact Person: | |
| Price of Tour: | |
| Does the company provide faculty/staff space per number of paying participants? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the company provides faculty/staff space, what is the ratio of students to faculty/staff? | |
| Can this space be used for a student scholarship or must the space be used only by a faculty/staff member? | |

Attach the tour price quote.

Quote #3

| | |
|--|--|
| Agency Name: | |
| Phone Number: | |
| Address: | |
| Contact Person: | |
| Price of Tour: | |
| Does the company provide faculty/staff space per number of paying participants? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the company provides faculty/staff space, what is the ratio of students to faculty/staff? | |
| Can this space be used for a student scholarship or must the space be used only by a faculty/staff member? | |

Attach the tour price quote.

PART 6: SELECTION OF EDUCATION TRAVEL COMPANY

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| Which agency are you recommending to handle the travel for your program? | |
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What is the rationale regarding the recommendation? The recommendation of any agency may reside not only on costs but also on quality of the package that the company can provide and how well the package meets the needs of the program. An educational travel agency must be able to work well with faculty to address academic goals, travel logistics, pertinent college policies, safety issues particular to an academic institution, and the wellbeing of students, faculty, and the college community.

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Please attach the travel itinerary that was provided by the recommended agency.

PART 7: SAFETY AND EMERGENCY PREPARATION

Please explain your communication process with students in the event that something happens to you or if you must separate yourself from the group.

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Has the country been listed on the Department of State's Travel Warning list within the last year? If yes, please explain.

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By what means will the faculty member be in contact with the college and how often will the communication be initiated while travel takes place?

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PART 8: BUDGET AND FUNDING

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| Salary expected for the lead faculty member | |
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Identify other TCC Employees who are not the lead faculty member but who will have an instructional/supervisory or related role and will receive a salary.

| Name | Amount of Salary |
|-------------|-------------------------|
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| What is the total salary (include lead faculty and others)? | |
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Will the faculty member(s) request additional funds? If yes, please identify these additional costs and how they will be covered.

No

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|-------------------------|
| Program Expenses |
|-------------------------|

| | Amount | Qty | Total |
|--|---------------|------------|--------------|
| Faculty | | | |
| Airfare | | | |
| Room and Board | | | |
| Meals Per Diem | | | |
| Excursion & Associated Fees | | | |
| Faculty Grand Total | | | \$ |

| Students | | | |
|---|--|--|----|
| Airfare | | | |
| Room and Board | | | |
| Excursion & Associated Fees | | | |
| Cost of Tuition | | | \$ |
| Personal Spending (Extra Meals or Items) | | | \$ |
| <i>Student Grand Total</i> | | | \$ |

| Funding Sources for Students | | | |
|---|----------------------|--------|-------|
| | Source | Amount | Total |
| Scholarships | General funds | | |
| Other, Please explain | | | \$ |
| Other, Please explain | | | \$ |
| Other, Please explain | | | \$ |
| <i>Funding Sources Grand Total</i> | | | \$ |

If you plan to use scholarships, please attach written approval from the Vice-President of Student Affairs.

| Overall Program Costs | | | |
|--|--|--|----|
| Faculty | | | |
| Students | | | |
| Overall Program Cost | | | |
| Cost Per Student | | | \$ |
| Final Cost per student less scholarship | | | \$ |
| | | | \$ |

PART 9: SIGNATURE PAGE

Lead Faculty Member/ Program Leader

Date

Division Dean

Date

Global Council Faculty Coordinator

Date

Provost

Date