*WSU STUDY ABROAD PROGRAM PROPOSAL*

*AY 2020: Deadline November 1*

**Office Use Only**

Index:

Detail Code:

Price:

P-card App(s):

Max Students:

*Name of program:*

*Starting date:*

*Ending date:*

*Destination:*

*Program director: W#:*

*Total credits:*

*Minimum number of participants:*

*Other participating faculty or supervising personnel (name and w#):*

*Year Program Last Went:*

*I have attached the following:*

*Completed abbreviated program proposal.*

*Signed Conflict of Interest form for myself and other participating faculty members, if changed from last year.*

*Tentative budget sheet.*

*Completed P-card application*

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*Program Director* *Date*

*By our signatures below, we indicate we have read and approved the attached materials. We also authorize the stated Program Director to travel.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Department Chair* *Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Academic Dean* *Date*

***For Study Abroad Office Only***

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| *Study Abroad Director* | *Date* | *Dean of International Programs* | *Date* |

*STUDY ABROAD ABBREVIATED PROGRAM PROPOSAL*

*NO PURCHASES UNTIL JANUARY 4, 2021*

NOTICE - AY2020 CHANGES

1. While we are optimistic programs shall run as normal Summer 2021, Weber State wants to be as prepared as possible for any eventuality. Due to COVID-19 concerns, no non-refundable spending is permitted for Study Abroad Programs until after January 4, 2021. Refundable deposits and purchases are fine. The procurement, p-card, and purchasing process remains unchanged from previous years.
2. Refunds will NOT be given to students due to COVID-19 concerns. Before programs were canceled last year, every student was given the option to withdraw from programs without penalty due to COVID-19. This year students are applying, cognizant of the pandemic. Weber State will not intentionally place students into high risk situations. We will work together with Program Leaders and Departments on canceling should the destination demonstrate increased risks, be they from COVID or any other concern. As such, students must abide by the standard refund policy.
3. Any CRNs designated as “Workshops” or “Variable Title” courses must be submitted through Curriculog before being approved by the Study Abroad Office. Please be aware of the deadlines for the curriculum committee’s schedule when planning and submitting programs.
4. Fee Changes: A universal increase of $100 has been approved for all programs. This means domestic programs now have a $200 total fee, and international programs have a $300 fee. No changes have been made to the emergency or insurance requirements. Please be aware of these changes when budgeting for your program.

This document is ONLY for programs that have run successfully within the last 2 academic years, and run successfully at least twice in the last 5 academic years. The proposal must have no significant changes to the program. A significant change is classified as a change of location, faculty, semester, conflicts of interest, or credits offered in conjunction with the program. If you have a questions, please contact the Study Abroad Office.

Please remember to also include your budget and itinerary with this proposal.

1. *List the academic courses and the number of credit hours offered for this program. If multiple faculty are attending, please indicate faculty for each class.*
2. *Max number of credits each student may take as part of the proposed study abroad program:*
3. *Will you receive financial compensation for this program? Include in the budget.*

*Yes  No *

1. *Will you receive a $47 per diem for this program? Include in budget*

*Yes* 

*No *

1. *Describe the marketing and promotional items needed from the Study Abroad* *Office*

**Weber State University Purchasing/Travel Card**

**Application Form**

**Please fill out information as it pertains to you: (please type or print)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_W#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Extension \_\_\_\_\_\_\_\_\_\_\_\_\_ Bldg & Room \_\_\_\_\_\_\_\_\_\_\_\_ Mail Code \_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name or Password \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Department Chair *\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rebecca Schwartz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |
| Dean/Director *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yimin Wang\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |

Vice President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nineteen-digit FOAPAL (account to be charged) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Reconciler will be \_\_\_\_\_\_\_*Rosarina Roberts*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Check here to learn how to purchase office supplies at great savings. You can order from your desk, with next day delivery to your office, from our state contractors.

**Note:** The card limit for purchases will be set at $1500 per transaction with a monthly limit of$5000. The limit for travel will be set at $5000 per transaction with a monthly limit of $5000. ATM is **only** available for group travel (daily & monthly limit determined by the vice president &

purchasing) and foreign travel (limit for individual not to exceed $100 per day). ATM usage must be pre-authorized by the supervisor and appropriate vice president, prior to each trip.

Limits on the card may be lowered when requested by the department chair or dean/director.

**Immediate supervisor’s approval required for** (Please check only one)



 **Purchases only** **Travel only** **Purchases & Travel**

**Immediate Supervisor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e., Dept. Chair, Dean/Dir. or V.P.)

Accounting Services Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchasing Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_