*WSU STUDY ABROAD PROGRAM PROPOSAL*

*For 2020-2021*

*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*

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

*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*

*DUE NOVEMBER 1, 2020*

*NO PURCHASES UNTIL JANUARY 1, 2021*

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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_