Northeastern ILLINDIS UNIVERSITY

Office of International Programs

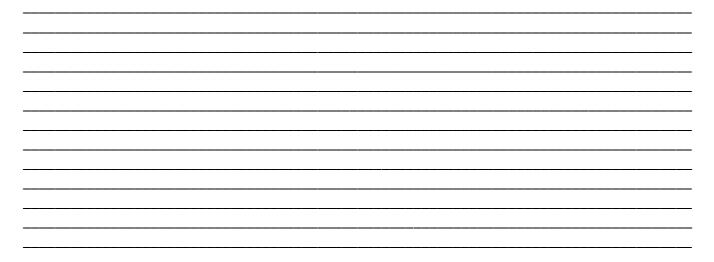
Room LWH 0007 / 5500 N St Louis Ave, Chicago, IL 60625 Phone: 773-442-5493 / E-mail: <u>c-toffolo@neiu.edu</u>

FACULTY-LED STUDY TOUR PROPOSAL FORM (AFY19-20)

Ibmitted by Iephone & E-Mail		
	Spring	
3. Estimated Travel Dates:	Departure (+/- 2 days)	
	Return (+/- 2 days)	
4. Identified NEIU Course Inf	ormation:	
<u>Course #</u>	<u>Course Title</u>	Instructor(s)
<u> </u>		
<u></u>		
5. Anticipated student enrol	ment: (N.B. Minimum nur	mber of students needed to offer program = 10).
6. Name & qualifications of o	o-trip leader:	*

*Best practice for such trips is to have 2 trip leaders accompany students - for 2 reasons: (1) if the primary faculty can't go due to a last minute emergency, the trip can still run; and (2) emergencies do happen during trips – it is good to have 1 trip leader who can attend to a crisis while the other continues to work with the other students on the pre-planned schedule of events. Trip cancelation insurance is also now a cost which may be required (final decision pending).

7. Briefly describe your motivation and/or experience for the chosen study tour location. Include your familiarity with location and its significance for your course content.



Please include the following documents along with this Proposal Form:

- 1. Learning Objectives for the Study Tour: Succinctly state the course objectives and explain how these objectives will be strengthened by the proposed trip. In addition, please explain how you plan to assess student-learning outcomes.
- **2.** Course Syllabi (if course linked). If not course linked, detailed description of the study tour experiences must be provided. One component of the description must show the connection to courses of study and to the strategic plan of the university.
- **3.** Suggested Daily Itinerary including identification of planned learning experiences and planned cultural encounters (a sample Study Tour Itinerary Form attached below). <u>Note</u>: A final itinerary will need to be submitted by the deadline indicated in the Faculty-Led Study Tour Policies (attached).
- **4. Estimated Budget:** Please calculate on the higher end of the costs. Make certain to include transportation, meals, accommodation, and any anticipated additional expenses (e.g., speakers' fees, entrance fees, local transport, etc.). Provide all expenses per person (see budget worksheet attached).
- **5.** Concrete Course Outcomes: Indicate what the students will gain as a result of the study tour and how this experience will be shared with the University community upon return.
- 6. Department Chair Name and Signature (By signing below, the chair of the department acknowledges that he/she is aware of and approves the proposal and the associated information as detailed by the faculty member).

Name

Signature

NOTE: Please e-mail the completed proposal by July 9, 2018 to Dr. Cris Toffolo, Office of International Programs, LWH 0008C

STUDY TOUR ITINERARY PROPOSAL FORM

(Please add extra rows as needed to indicate daily activities)

	SUGGESTED ACTIVITIES		ASSOCIATED NEEDS				
DAY	LOCATION(S)	SCHEDULE	TRANSPORT	LODGING	MEALS	ADDITIONAL	
e.g.			Public transport- ation; tour bus; other (N.B. Add cost if not included in package)	Hotel; home stay; dormitory; other (N.B. Add cost if not included in package)	Home stay family; dining hall; restaurant; other (N.B. Add cost if not included in package)	Museum visit; tour guide; books; etc. (N.B. Add each additional cost if not included in package)	
2							
3							

DAY	LOCATION(S)	SCHEDULE	TRANSPORT	LODGING	MEALS	ADDITIONAL
e.g.			Public transport- ation; tour bus; other (N.B. Add	Hotel; home stay; dormitory; other (N.B. Add	Home stay family; dining hall; restaurant;	Museum visit; tour guide; books; etc. (N.B.
			cost if not included in	cost if not included in	other (N.B. Add cost if not	Add each additional cost if
			package)	package)	included in package)	not included in package)
4						
5						
6						
7						