

# Study Away Pre-Proposal Approval Form

## Instructions

At least (1) week prior to February 1<sup>st</sup>, the Faculty Leader and Support Person submits the Study Away Pre-Approval Form for signatures to their Department Head or Program Director and from the Associate Deans and Dean from the School in which the course is housed.

On or before February 1<sup>st</sup>, the Faculty Leader submits the completed Study Away Pre-Approval Form to the Director of Experiential Learning by email ([mschavey@grcc.edu](mailto:mschavey@grcc.edu)) or drops it off to Main Building, Level G2, Room 59 with all required signatures.

## Please complete the following:

Faculty Leader \_\_\_\_\_ Support Person \_\_\_\_\_

Is this a new proposal? The first time you have led a travel experience and/or proposing a new destination?

YES       NO

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Course Schedule (choose one)

\*all instruction and travel must be within the confines of the official start and end dates of the semester

- First Summer Session  
 Second Summer Session

List the Pre-Departure Class Schedule: \_\_\_\_\_

List the Travel Dates (depart – return): \_\_\_\_\_

List the Post-Trip Class Schedule: \_\_\_\_\_

Travel location(s): \_\_\_\_\_

Please describe any additional resources that is being sought to support the facilitation of this travel experience (i.e., a grant).

1. For the course you are proposing to use, please copy and paste the course description from the current Catalog in the box below. The link the current Catalog is <https://catalog.grcc.edu>

2. In the box below, copy and paste the course learning outcomes for your proposed course and then describe how this study away experience will meet the course learning outcomes.

**3. Describe your pre-trip, on-site, and post-trip activities for this study away experience and then explain how these activities will build on and enhance the student learning experience.**

A large, empty rectangular box with a thin black border, intended for the student to write their response to the question above. The box occupies most of the page below the question.

**4. Describe how the Faculty Leader's and Support Person's educational and travel experiences have prepared them to lead this study away experience and teach this course.**

**6. Describe the per/student cost and what is included (flights, meals, lodging, on-ground transportation, etc).**

# Study Away Pre-Approval Form [Faculty Leader]

To be eligible to submit a Study Away Proposal, faculty must inform and receive approval from the following administrators listed below at least (1) week prior to February 1<sup>st</sup>. Administrators below will review the information within the approval form and ask clarifying questions as needed.

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1. Signature of the Department Head/Program Director of where the Faculty Leader teaches

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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2. Signature of the Department/Program where the course is housed.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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3. [Associate Dean of Operations] - the School of where the Faculty Leader teaches

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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4. [Associate Dean for Faculty Evaluation and Hiring] - the School of where the Faculty Leader teaches

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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5. [Associate Dean of Operations] - the School where the course is housed

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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6. [Associate Dean for Faculty Evaluation and Hiring] - the School where the course is housed

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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7. [Dean] - the School where the course is housed

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# Study Away Pre-Approval Form [Support Person]

To be eligible to submit a Study Away Proposal, faculty must inform and receive approval from the following administrators listed below at least (1) week prior to February 1<sup>st</sup>. Administrators below will review the information within the approval form and ask clarifying questions as needed.

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1. Signature of the Department Head/Program Director of where the Support Person teaches

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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2. Signature of the Department/Program where the course is housed

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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3. [Associate Dean of Operations] - the School of where the Support Person teaches

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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4. [Associate Dean for Faculty Evaluation and Hiring] - the School of where the Support Person teaches

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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5. [Associate Dean of Operations] - the School where the course is housed

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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6. [Associate Dean for Faculty Evaluation and Hiring] - the School where the course is housed

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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7. [Dean] - the School where the course is housed

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**