

Name: _____
Department: _____
Email: _____ Phone: _____
Department Chair Signature: _____

Course Information

Preliminary Course Title: _____ CRN: _____
Country/City: _____
Term and Dates of Trip: _____
Do you have an alternative location? Yes No
If yes, where? _____
The program will offer credits for: Graduate students Undergraduate students
Will the program be open to non-PSU students or community members? Yes No

Describe the following elements:

Course description

Program activities: preliminary list of all possible program excursions, cultural visits, lectures and plans for intercultural learning and language acquisition-if applicable (**Attach Itinerary**)

Instructor's international experience, group leadership experience, language skills relevant to the chosen site, and how any language barriers will be addressed (hiring of translators etc)

Marketing and application plan: (target audience, pre-requisites, size of group-minimum and maximum, recruitment activities, promotional materials and resources available, timeline, application process). Would you be willing to open enrollments to other USNH institutions to secure enrollment goals?

Housing, meals, and transportation plan

Back up leader's name, title, and field experience

GLOBAL EDUCATION OFFICE
Short Term Program Information and Costs

Name of Program/Destination: _____

Faculty Leader(s): _____

Title of Course/Club Title: _____ CRN: _____

Course Dates: From _____ to _____

Travel Dates: From _____ to _____

Term (check one): Summer Winterim Fall Spring

Student Status (check one): Graduate Undergraduate Community Education
(non-credit)

Estimated Program Costs*	Out-of-Pocket	Billed Course Fee
PSU Undergrad Tuition & Fees	_____	_____
PSU Grad Tuition & Fees	_____	_____
Community Education (non-credit tuition)	_____	_____
Application Fee to Study Abroad	_____	50
Insurance (CISI)	_____	38
Flight	_____	_____
Country Entry/Exit Fee	_____	_____
Transportation (on location)	_____	_____
Accommodations:		
Room	_____	_____
Meals	_____	_____
Host Instructional Fees	_____	_____
Books/Supplies	_____	_____
Passport/Visa	_____	_____
Event/Entry Fees (Entertainment)	_____	_____
Event/Entry Fees (Educational)	_____	_____
Registration Fee	_____	_____
Group cell phone (shared cost)	_____	_____
Immunizations	_____	_____
Other (incidental expenses)	_____	_____
Faculty related fees	_____	_____
Total Costs	\$ _____	\$ _____

*Some costs are estimated based on enrollment levels and currency exchange rates.

FACULTY SIGNATURE _____ **DATE** _____

Enrollment Period: 1st Deposit _____ Due Date _____
 2nd Deposit _____ Due Date _____
 Refundable until _____

<p><i>Office Use Only:</i></p> <p>Step 1 – GEO/Community ED: _____</p> <p>Step 2 – Purchasing for Contracts: _____</p> <p>Step 3—Student Account Services _____</p> <p>Step 4 – Travel/Disbursements Manager: _____</p>	<p><i>Initial when received</i></p> <p>Step 5 – Back to GEO: _____</p> <p>FOAPL: _____</p> <p>Method of Payment: _____</p> <p>Final Balance due date to Provider/Other: _____</p>
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