

Faculty-Led Proposal: Phase II

Constellation Commons for Global Learning – Global Village Building 400, Room 2070 P: 585-475-4466 F: 585-475-3222 | studyabroad.rit.edu | global@rit.edu

Country:

College:

Instructions: Please complete this document of supplementary program information for planning and RIT Risk Management review and email it to Jenny Sullivan (<u>ilrsrap@rit.edu</u>).

If you have any questions, contact Jenny Sullivan (llrsrap@rit.edu) or Claire Del Monte (cadrap@rit.edu).

1. Program Info.

Faculty Director(s):

Program Name:

2. Room and Board If program travels to multiple cities, please de	escribe each housing op	otion separately.			
HOUSING A					
			Housing Type:		
Country:	City:		If other, please describe:		
Housing Name:	lousing Name:				
Housing Address:					
Housing Phone:	Housing Email:		using Phone:		
How will housing be booked?	Housing Dates:				
If booking online list provider or if "other" please describe:					
		Number of Nights:			
Number of Students Per Room: (Please ensure each student has their own bed)			Are students sharing rooms with students participating in other programs: Yes No		
Amenities included: (i.e. kitchen, internet, breakfast, etc.)					
HOUSING B (if applicable)					
			Housing Type:		
Country:	City:		If other, please describe:		
Housing Name:					
Housing Address:					
Housing Phone:	g Phone: Housing Email:				

How will housing be booked?		Housing Dates:	
If booking online list provider or if "other" please describe:		Number of Nights:	
Number of Students Per Room: (Please ensure each student has their own bed)		Are students sharing rooms with students participating in other programs: Yes No	
Amenities included: (i.e. kitchen, internet, brea	kfast, etc.)		
FACULTY HOUSING (if different than students)			
			Housing Type:
Country:	City:		If other, please describe:
Housing Name:	I		
Housing Address:			
Housing Phone:		Housing Email:	
How will housing be booked?		Housing Dates:	
If booking online list provider or if "other" please describe:			
Number of Nights:		Number of People Per Room:	
Amenities included: (i.e. kitchen, internet, breakfast, etc.)			
MEALS			
Description of meal arrangements: (i.e. meal	plan, group meals, studei	nts responsible for own m	eals, etc.)
Please note that you may have participants accommodations for these students:	with severe food allerg	ies or meal restrictions	. Please provide information about
3 Travel Documents			

Are visas necessary for U.S. citizens for

Are visas necessary for U.S. citizens for your program: Yes No	If yes, what is the cost range:	
How would visas be obtained?		
Would international students need a visa for your program:	If yes, what is the cost range:	
Yes No		

How would visas be obtained?	
Are vaccinations required: Yes No	If yes, what are they:
What is the cost range:	How would they be obtained?

4. Travel Details

Are you traveling to the host country as a group: Yes No If yes, please be sure to provide the RIT Education Abroad office with the group itinerary when it is available.		
How will students get from the arrival point in-country to the housing accommodations/host location:		
How will students get from the in-country housing accommodations/host location to the departure point back to the	ne U.S.:	
Will any non-program people be joining you for all or part of the travel: (ex. spouse/partner, children, etc.) If yes, please list their names, ages and relationship to you.	Yes	No
Do you plan to do any personal or non-program related travel before, during or after the program in this region: If yes, please provide a brief description of the reason, location and dates.	Yes	No
Are there any health concerns affecting the location your program is going to (ex. Zika, etc.): If yes, please explain.	Yes	No

5. Excursions

Please note that you are expected to accompany student participants on all required aspects of the program, including excursions. You may choose to include a total program itinerary in lieu of completing this section.

EXCURSION A (if applicable)	
Excursion Title:	Location(s) of Excursion:
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
Date(s) of Excursion:	Description of transportation to and from excursion location:
	(i.e. public bus, public train, private transport, etc.)
Description of local transportation within excursion city: (i.e.	Description of Accommodations: (if applicable)
public bus, public train, private transport, etc.)	

EXCURSION B (if applicable)	
Excursion Title:	Location(s) of Excursion:
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
Date(s) of Excursion:	Description of transportation to and from excursion location: (i.e. public bus, public train, private transport, etc.)
	(i.e. public bus, public trulli, private trullsport, etc.)
Description of local transportation within excursion city: (i.e.	Description of Accommodations: (if applicable)
public bus, public train, private transport, etc.)	
EXCURSION C (if applicable)	
Excursion Title:	Location(s) of Excursion:
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
Date(s) of Excursion:	Description of transportation to and from excursion location: (i.e. public bus, public train, private transport, etc.)
	(i.e. pablic bas, pablic trail, private trailsport, etc.)
Description of local transportation within excursion city: (i.e.	Description of Accommodations: (if applicable)
public bus, public train, private transport, etc.)	Description of Accommodations. (If applicable)
EVCLIDSION D. (if marked)	
Excursion Title:	Location(s) of Excursion:
LACTISION TITLE.	Edition(3) of Excursion.
Name of travel agency/tour operator arranging excursion:	
Description of Excursion:	
2000. p. 10.10. 2.100.10.11	
Date(s) of Excursion:	Description of transportation to and from excursion location:
	(i.e. public bus, public train, private transport, etc.)
Description of local transportation within excursion city: (i.e.	Description of Accommodations: (if applicable)
public bus, public train, private transport, etc.)	

6. Affiliate/Third Party Contractor Agreements

If you are working with any third party partners such as travel companies, non-profit organizations, universities, etc. it may require an affiliation agreement. RIT Education Abroad will determine if an agreement is necessary based on the information you provide below.

AFFILIATE/THIRD PARTY A (if applicable)		
Name of Organization:		
Contact Name:	Contact Title:	
Address:	Phone:	
	Email:	
	Fax:	
Purpose:		
AFFILIATE/THIRD PARTY B (if applicable)		
Name of Organization:		
Contact Name:	Contact Title:	
Address:	Phone:	
	Email:	
	Fax:	
Purpose:		
AFFILIATE/THIRD PARTY C (if applicable)		
Name of Organization:		
Contact Name:	Contact Title:	
Address:	Phone:	
	Email:	
	Fax:	
Purpose:		

7. Marketing

Please provide the names of all people in your college who manage college specific social media, newsletter, websites, etc. who might be of assistance in marketing your program:

Please provide the name of the person in your college who will be registering students:

How do you plan to recruit students to participate in your program?	
For marketing purposes, list three key program benefits for students who participate:	
roi marketing purposes, list timee key program benefits for students who participate.	
Please provide any additional important information:	

Once all information is complete, email form to Jenny Sullivan (ilrsrap@rit.edu).