CAL POLY GROUP TRAVEL ABROAD
PROPOSAL FORM

CAL POLY
International Center

SECTION I: TRAVEL BASICS

Please select quarter for proposed travel, and enter specific year:

☐ Fall Quarter ☐ Winter Break ☐ Winter Quarter ☐ Spring Break

☐ Spring Quarter ☐ Summer ☐ Fall Quarter ☐ Winter Break

Year: _____

Trip Leader Name: _____ **Email:** _____

Title: _____ **EMPL ID:** _____

Department: _____ **College:** _____

Travel Location(s) (city, country): _____

Proposed Travel Dates: _____

Administrative Support Contact: _____

Name of additional faculty or staff member accompanying the group and contact information:

_____

Reason for international travel (check box):

☐ Research ☐ Project ☐ Club Activity ☐ Service Learning ☐ International Conference

☐ Other: _____

Academic Credit

Will students be receiving academic credit (e.g., independent study or internship credit with a Cal Poly faculty member or credit directly linked to a Cal Poly course) as part of this experience? ☐ Yes ☐ No

If receiving academic credit:
Quarter receiving credit: ☐ Fall ☐ Winter ☐ Spring ☐ Summer **Year: 20** _____

Dept/Course #: _____ **Course Title:** _____ **Units:** _____

Funding source for trip leader : ☐ Department/Area or College ☐ External Funding ☐ Self Funding

EMERGENCY CONTACT INFORMATION

Trip Leader Phone While Abroad: _____ ☐ US Phone ☐ International Phone

Emergency Contact of Traveler (full name): _____

Phone: _____ **Email:** _____

Relationship to Traveler: _____

[1]For Cal Poly Group Travel, the faculty member's expenses need to be covered by Cal Poly, an external entity or self funded. If faculty member's expenses are to be covered by students, then faculty leader needs to submit a Global Program Proposal instead of a Group Travel Proposal. See **http://international.calpoly.edu** for details.

Trip Leader Experience:
Explain the Cal Poly faculty/staff qualifications and experience to propose and lead this international travel experience. Provide the following information as applicable:

- Prior experience in international travel programs and/or with leading student groups (include dates and brief description)
- Expertise and prior experience in the country(s) and/or region(s) to be visited
- Foreign language knowledge and experience (including level of proficiency, as appropriate). If you are not proficient in the host language, please provide information regarding the use of translators for the program, etc.

Travel Summary Description:
Provide a brief summary of the program. The summary should include program purpose, program-learning objectives and describe why/ how study site was selected. If this is a high hazard location, provide a justification as to why the destination was chosen for a Cal Poly activity. Indicate whether group travel program (accommodation, classroom facilities, ground transportation, etc.) is accessible to students with mobility-related disabilities.

SECTION II: ON-SITE LOGISTICS

Service Provider and On-Site Support
Faculty/staff member are to work with the International Center to establish a service provider. If you have a service provider (university, non-profit organization, language school, travel agent, etc.) in mind, please provide a detailed description of the provider(s) and their scope of work.

Name of service provider: _____

Name of primary contact: _____

Phone number: _____ **Email:** _____

Website: _____

Housing

List the type of housing available for the group (i.e., hotel, dormitory, home-stay, etc.). If home-stays are utilized, how will host families be vetted? List all housing to be utilized by group in the International Insurance Request Form (ITIR).

Facilities

Facility location/s and type/s (i.e., university classroom, hotel conference space, etc.):

_____

Address: _____

Site Point of Contact: _____

Phone number: _____ **Email:** _____

Website: _____

SECTION III: HEALTH AND SAFETY

Health and Safety concerns

ACE USA Travel Assistance will be purchased for each participant. Describe any health and safety concerns associated with the international location (i.e. altitude, unsafe water or food, remote location, high crime areas, gender specific concerns, etc.). What measures will you take to maintain the health and safety of the group?

Pre-Departure Orientation

Please include the number of pre-departure meetings, a description of the topics and materials to be covered (including health and safety and any needed pre-departure vaccines), and any other pre-departure activities.

Sign: _____ Date: _____

Cal Poly Group Travel Abroad
Preapproved Letter

Date: _____

Type of Group Travel: ☐ Academic credit program ☐ Non-academic credit program

Faculty/Staff proposing program: _____

Department: _____ **College:** _____

Course/s to be taught: _____

_____

Location(s) of Program: _____

Dates of Program: _____

I understand that the Cal Poly International Center needs preapproval to continue this group travel request

By signing below, I support the proposed group travel and also verify that:

- The group travel is consistent with the mission, goals and resources of the department/area and college.
- The faculty/staff member is supported in their engagement in the proposed group travel for the duration stated in the proposal.
- The international travel complies with necessary departmental and college policies and procedures.
- Leading a group abroad requires that faculty/staff possess administrative, diplomatic, and leadership skills to work collaboratively with the International Center, overseas institutions and partners, and students. The faculty/staff member has demonstrated that they have these skills appropriate or the program they are proposing.
- The faculty/staff member has maintained positive student evaluations and/or other indicators of teaching effectiveness.
- The faculty/staff member has expertise in this region.

Please describe the merits of the proposed group travel opportunity and your support for the faculty leader:

Signature Approval Page

Area/Department Chair/Head name: _____

Area/Department Chair/Head signature: _____

Date: _____

Dean name: _____

Dean signature: _____

Date: _____

		Approved?
_____ Director, Cal Poly International Center	_____ Date	☐ Yes ☐ No
_____ Assistant VP of Strategic Business Support Services	_____ Date	☐ Yes ☐ No
_____ Vice Provost, International, Graduate & Extended Ed.	_____ Date	☐ Yes ☐ No
_____ Provost	_____ Date	☐ Yes ☐ No
_____ President (if high hazard)	_____ Date	