# **SHORT-TERM COURSE REPEAT FORM**

**Deadline for submissions: Friday, January 31, 2020**

**Prior to completing this form, please refer to the guidelines “Developing and Proposing Short-Term Courses” found at** [***www.westfield.ma.edu/studyabroad***](http://www.westfield.ma.edu/studyabroad)

|  |  |
| --- | --- |
| DATE: |  |
| **PERSONAL INFORMATION** |  |
| Faculty Leader’s Name |  |
| Office Telephone # |  |
| Email Address |  |
| Department |  |
| **COURSE INFORMATION** |  |
| Proposed location of course |  |
| Course Number/Title*(If not in course inventory, submit the Pilot Course Request form, found on Registrar’s website)* |  |
| Semester hours |  |
| Eligibility or Pre-requisites  |  |
| Proposed Term and year of Course | Wintersession \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_CGCE Day CGCE Day |
| Describe how required contact hours will be met (37.5 hrs=3.0 semester hrs) |  |
| Estimated total enrollment/Maximum cap |  |
| Proposed dates of travel |  |
| Target audience: Major, class level, etc.  |  |
| Unique characteristics of proposed program |  |
| Language of instruction |  |
| Language of host country |  |
| Provider of Classroom instruction |  |
| ATTACH A TENTATIVE SYLLABUS, MARKETING PLAN, AND BUDGET | These forms can be found at [www.westfield.ma.edu/studyabroad](http://www.westfield.ma.edu/studyabroad) *Faculty Leader Resources.* Meet with Danielle Emerson regarding Budget. |

|  |  |
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| **ENDORSEMENTS** |  |
| DEPARTMENT CHAIR  |  |
|   | SIGNATURE AND DATE |
| DEAN OF COLLEGE   |
|   | SIGNATURE AND DATE |
| DEAN OF FACULTY |  |
|  | SIGNATURE AND DATE |
| AFSCME/APA/NUP SUPERVISOR |  |
|  | SIGNATURE OF SUPERVISOR AND DATE |

Wintersession and summer faculty salaries are paid under the conditions stated in the College of Graduate and Continuing Education Faculty contract. Staff and NUP faculty must take Leave from their regular position for the duration of the course, or have the coursework approved as a work-related endeavor. Note: APA, AFSCME, and Non-Unit Professionals may not act as Faculty Leaders for Day Division classes.

## **CERTIFICATION AND APPROVAL**

If approved, I agree to **actively market the course to Westfield students and to participate in pre- and post-departure events organized by the International Programs Office, such as Fairs and Information Sessions, and the Welcome Back Reception.**

I agree to attend an orientation/training session covering the “WSU Practices for Faculty-led Study Abroad Programs”.

I agree to host at least one pre-departure Student Orientation session for enrolled students.

See *Faculty Leader and Student Life Assistant’s Responsibilities*

I agree to abide by all campus policies and requirements regarding University-organized study abroad programs.

I agree to meet with Danielle Emerson, Travel Manager, to finalize a budget and set up
Vendor contracts. (demerson@westfield.ma.edu; 572-8035)

FACULTY LEADER’S NAME (PLEASE PRINT) AND SIGNATURE DATE

***Once approved, Faculty Leader(s) must meet with Danielle Emerson, Travel Manager, to finalize a budget and set up Vendor contracts.***