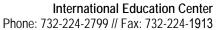


International Education Center Phone: 732-224-2799 // Fax: 732-224-1913

studyabroad@broodalecc.edu

## **Faculty-Led Study Abroad Program Proposal Form**

Program Title:	
Program Site (City and Country):	
Faculty Leader:	Home e-mail:
Home Phone:	Cell Phone:
Proposed Program Dates:	(attach proposed itinerary & syllabus)
Course(s) to be offered:	
Brief description of course(s) (include accomplished with the inclusion of a	de course objectives and how the objective(s) will be an overseas component).
Participant pre-requisites (content k	nowledge and/or language proficiency):
	programs will occur during June and July of the able via email, phone or in person to finalize itinerary
Your signature below certifies that that you understand expectations of	you have read the program proposal handbook and f group leader.
Faculty Signature:	Date:
Department Chair Signature:	Date:
Dean Signature:	Date:
IEC Recommendation	
IEC Signatures:	Date:





Current Position at Brookdale:

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## **Summary of Faculty Member/Group Leader Qualifications**

Number of years of employment at Brookdale:
1. List degrees that you hold and in what field:
2. List any languages that you speak and write fluently:
3. List any international experience (academic, work, or travel) you have, specifying location and duration of visit:
4. List any experience you have teaching a course abroad, leading a travel program abroad, leading student groups in the United States, and/or working in international education.
5. Describe any experience you have in handling crisis or emergency situations in the United States or abroad.