1. **VALENCIA FACULTY/STAFF PROGRAM INFORMATION:**

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| **PERSONAL CONTACT INFORMATION:** |
| **Complete Name:**  |  | **Campus & Office:** |  |
| **Title:** |  | **Phone Ext.:** |  |
| **VID:** |  | **Dean’s Name:** |  |
| **Email:** |  | **Dean’s Phone Ext.:** |  |
| **GENERAL PROGRAM INFORMATION:** |
| **Program Start and End Dates / Term:** |  |
| **Destination Country and City/Cities:** |  |
| **Overseas Institution Name:** |  |
| **Overseas Program Contact Name & Email:** |  |
| **Is this a one-way outbound, one-way inbound, or reciprocal exchange program?**  |  |
| **How will participation in this exchange program impact your work schedule and obligations?** |  |
| **Where will you be staying while overseas?** |  |
| **List the anticipated program outcomes of this exchange opportunity.** | * List
* List
* List
 |
| **Participation in or hosting of an exchange program funded in part or in whole by Valencia requires some contribution to Goal 1: Internationalizing the Curriculum in the *Strategic Plan for International Education*. Describe how your program outcomes tie directly to this goal.** |  |
| **PRE-DEPARTURE ACTIVITIES:** |
| **What information do you need from the host institution in advance?** |  |
| **Will you need any foreign language preparation?** |  |
| **What curriculum do you need to create (if any) for this exchange program?** |  |
| **IN-COUNTRY ACTIVITIES:**  |
| **What academic activities will you do at the overseas institution to meet your stated program outcomes?** **If your program is approved, you will need to complete a detailed *Program Activities Plan.*** |  |
| **What cultural activities will you do at the overseas institution to meet your stated program outcomes?**  |  |
| **RE-ENTRY ACTIVITIES:** |
| **What curriculum will you create (if any) when you return?** |  |
| **Where/How will you share this information with your colleagues?** |  |
| **When will you share this information with your colleagues?** |  |

1. **EXCHANGE VISITOR PROGRAM PROPOSAL (fill out for the incoming visitor):**

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| **PERSONAL CONTACT INFORMATION:** |
| **Complete Name:**  |  |
| **Title:** |  |
| **English Proficiency Level:** |  |
| **Overseas Email:** |  |
| **U.S. Accommodations:** |  |
| **PROGRAM DESCRIPTION:** |
| **Program Start and End Dates:** |  |
| **Describe how your counterpart for this program is well-matched to your area of expertise.** |  |
| **How will your oversight of this Exchange Visitor impact your work schedule and obligations?** |  |
| **How will you prepare for the Exchange Visitor prior to his/her arrival?**  |  |
| **What academic and cultural activities or events will the Exchange Visitor participate in? What will be his or her responsibilities during this visit?** |  |
| **What equipment and/or office space will you provide for the Exchange Visitor?** |  |

1. **ESTIMATED PROGRAM COSTS & FUNDING SOURCES:**

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| **ESTIMATED PROGRAM COSTS & FUNDING SOURCES:** |
| **Have you been funded for any international experiences at Valencia in the last three years? If yes, please specify along with dates of travel.** |  |
| **EXPENSE ITEM:** | **EST. AMOUNT:** | **REQUESTED FUNDING SOURCE:** |
| **Airline:** |  |  |
| **Accommodations:** |  |  |
| **Meals:** |  |  |
| **Medical/Trip Insurance:** |  |  |
| **Ground Transportation:** |  |  |
| **Entrance Fees:** |  |  |
| **Other:** |  |  |
| **Other:** |  |  |
| **TOTAL:** |  |  |

1. **AUTHORIZING SIGNATURES:**

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| --- | --- | --- | --- |
| **Valencia Faculty/Staff Signature:** |  | **Date:** |  |
| **Dean Signature:** |  | **Date:** |  |
| **Campus President Signature:** |  | **Date:** |  |