

REQUEST TO CONDUCT A FACULTY LED OFF-CAMPUS PROGRAM
IN THE UNITED STATES

This form must be completed for any course in which there is an off-campus travel component as defined in the faculty led off-campus program policy and must be accompanied by all required documents listed below. Faculty led off-campus programs must be approved before course is marketed and before students enroll in course.

TERM: summer 2____ fall 2____ winter 2____ spring 2____

Course Number and Title: _____

Off-Campus Location: _____

Dates of travel: _____

Faculty Coordinator: _____

Additional Faculty (if applicable): _____

The following documents are to be attached to this form:

- Course Description for existing course, or New Course Proposal Form for a new or Special Topics Course which must address the nine questions contained in the instructions.**
http://www.oneonta.edu/admin/registrar/pages/newcourse_inst.asp
- Course Syllabus:** showing how the travel piece fits into the student learning outcomes of the course.
- Travel Itinerary:** this should include where, when, lodging and travel to and from site.
- Line Item Budget (if applicable):** see attached budget template.

By submitting this request, I agree to adhere to the college's policies regarding faculty led off-campus programs and will follow the procedures as outlined by the Office of Continuing Education.

Instructor of Record Signature: _____ Date: _____

Approved by Department Chair: _____ Date: _____

Approved by Academic Dean: _____ Date: _____

Reviewed by Director of Continuing Education: _____ Date: _____

FACULTY LED OFF-CAMPUS PROGRAM BUDGET SHEET

Instructor of Record:	Term:	Location:	
DESCRIPTION	Estimate	Funding Source	Approved by
Instructor Expenses			
1. Surface transportation(mileage, parking , tolls, rental car)			
2. Airfare			
3. Lodging			
4. Meals			
5. Miscellaneous (provide detail)			
Subtotal:			
Other Instructional Costs(itemize)			
Subtotal:			
Administrative fee: 7.1%			
TOTAL:			

FACULTY LED OFF-CAMPUS PROGRAM BUDGET SHEET

Instructor of Record:	Term:	Location:
DESCRIPTION	Estimate	Payable to(name of office or agency)
Student Expenses		
Tuition		Student Accounts
Travel Expenses		
1.Surface Transportation (bus, driver, gas)		
2. Airfare		
3. Lodging		
4. Meals		
5. Miscellaneous (provide detail)		
Subtotal Travel Expenses:		
If using OAS Agency account, + 5% admin. fee		
Total:		