USCL Domestic Study Away
Course Travel Program Proposal

Directions: Submit this proposal to the student affairs committee for approval of travel study courses. Direct questions to your representative on student affairs.

General Information

Name: _________________________ Department:__________________________
E-mail: ________________________ Phone:______________________________
Office Address: _____________________________________________________
Proposed Program Location(s): _________________________________________
Proposed USC Course Number(s)/ Title(s)/ Number of Credits:

Is this an existing course?

Anticipated academic term:

Anticipated travel dates:

Financial Estimates
Please make current estimates on what such travel would cost one person. These are just estimates; OSE can help coordinate actual purchases and logistics.

Airfare: _____________ Lodging: _____________
Local transportation: _____________ Site Visits: _____________
Food: _____________ Other: _____________
Total Estimated Program Fee (not including tuition)__________________________

If needed contact the Office of Student Engagement for assistance with cost estimates.
Office of Student Engagement * 1520 Devine St. * Patterson Hall * University of South Carolina * Columbia, SC 29208 (803)777-2142, saose@mailbox.sc.edu
General Program Description
Please describe in detail the learning experience that students will have as a result of this domestic travel experience. Please include educational activities and the overall connection between the destination and the course.

Learning Outcomes
Please describe the intended learning outcomes of the study away experience for student participants in regards to academic, cultural and personal learning. How will these learning outcomes be evaluated?

Academic:

Cultural:

Personal:

Evaluation Tools:

Program Leader
Please briefly describe your previous travel experience within and outside of the United States. What qualifications do you possess to lead a group educational program in this topical area.
How are this program destination and/or subject matter in line with you recognized field of expertise?

Describe how you plan to promote this class.

Describe the way this course applies to USC Connect.

Describe past proposals for USCL travel study approved and not.
ATTACHMENT: COURSE SYLLABUS

Please attach an initial draft syllabus that includes the following:
1. Course title (including department designator and number)
2. Course objectives as expressed learning outcomes
3. Course requirements and grading
   a. Assignments and/or exams with brief descriptions of expectations and values for each
   b. Grading scheme and weights including what a student must do to receive a grade of A to F
   c. A time allocation framework (e.g. number of pre-departure class meetings and duration of each, number of contact hours expected each day while on-site) to meet minimum contact hour/credit requirements (ACAF 2.03)

FACULTY LEADER AGREEMENT

As the faculty leader of a USC Domestic Classroom Program, I agree to:
- Submit all program contracts to the Office of Academic and Student Affairs prior to taking student deposits;
- Participate in the Crisis Management Workshop offered by the Office of Student Engagement;
- Submit a Domestic Classroom Program Participant Roster to the Office of Student Engagement;
- Become familiar with the USC Domestic Study Away Program Development Handbook
- Submit all changes to program (including cancelation) to student affairs committee and Office of Academic and Student Affairs

I have read the USC Domestic Study Away Development Handbook section entitled “Faculty Leader Roles and Responsibilities” and understand what is involved with leading a program domestically.

Faculty Signature: ___________________________________________________
Date: __________________
Name: _________________________Title: _____________________________
Department: ____________________

This program is approved as an opportunity by the Department/College of ______________________ for academic credit. Any changes require dean’s approval.

Dean’s signature: ___________________________________________________
Date: __________________
Name: _________________________Title: _____________________________
Department: ____________________