



California State University
SAN MARCOS

Global Programs and Services California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001

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Repeat Proposal Form

Directions: Use this form for a program that was last approved in the past five years and has no significant changes (see page 3). Please consult with Global Education for additional guidance.

Program Name					
Countries					
Duration	Departure		Return		Total Days
On-Campus Portion (if required)	Start Date		End Date(s)		Total Days

	Last Name	First Name
Program Leader		
Associate 1		
Associate 2		

Proposed course(s) to be taught (indicate U=undergraduate, G=graduate):				
U/G	Course Name	Course Prefix and Number and Section	Credit Hours	Instructor(s)

Term/year repeat program will be offered	
Term/year full proposal last approved	
Term/year program last run	

Please provide answers to the following prompts (suggested 1,000 to 2,000 characters):

- Have there been any new innovation related to this repeat program either specific to this on-site program or in regular on-campus CSUSM curricula? If so, please describe.
- What lessons have you learned from your experience teaching in this program?
- Have there been any additional funding dollars committed to this program (ex. grants, awards etc.)?
- How do you anticipate changing your curriculum here on campus?

Repeat Proposal Process

If the following conditions are met the repeat proposal will not need to submit additional documentation related to the following:

- At least one of the faculty leaders or associates has been involved in all aspects of proposing, planning, and executing this program previously.
- Program itinerary has not changed substantially (i.e., visiting new cities or regions, increase or decrease in days by more than 2, offered in a new term).
- Program syllabus has not changed substantially (i.e., new assessments, increased or decreased contact hours, new academic focus or outcomes)
- Program budget has not changed considerably.
- Program evaluations do not indicate significant student dissatisfaction (required).
- Repeat program leaders participate in the health and safety workshops every three years (to be coordinated with Global Education).

Program Modification:

If there are program changes the Repeat Proposal will need to go through the committee. Check all changes that apply and provide additional information. If there are any other changes not listed below (e.g., goals, countries/cities to be visited, course description/syllabus), please contact GPS to determine whether a new proposal is necessary.

- New Program Leader (attach brief description of qualifications)
New associate leader(s) (attach brief description of qualifications)
- New/Updated course syllabus showing contact hours (attach syllabus)
- Logistical arrangements, e.g., food, lodging, classroom space, transportation
(Attach details) State Department information (attach details)
- Unofficial travelers (list names and whether affiliated with CSUSM)

Hard Copy Submission Checklist for All Repeat Proposals (Including Streamlined Proposals)

- Current repeat proposal form **(required)**
- Previously approved *full* proposal form **(required)**
- New budget **(required)**
- Itinerary **(required)**
- Approval signatures page **(required)**
- Program change details (as required; see above)
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Electronic Copy Submission Checklist (emailed to Tiffany Gabbard at tgabbard@csusm.edu)

- Save and send an electronic copy of this proposal form **(required; please, no scans)**
- New budget in Excel format **(required; please, no scans)**
- Scans of all other documents from hard copy list above **(required)**

Approvals Signature Page

FOR THE PROGRAM LEADER	
My signature below indicates that I agree to abide by university policy and the regulations and procedures of the Office of Global Education (e.g., online Faculty Leader Handbook and the Health & Safety Presentation for Faculty).	
Name of Program Leader:	Please print
Signature of Program Leader:	
Date:	
FOR THE DEPARTMENT CHAIR(S) AND COLLEGE DEAN(S)	
My signature below indicates that I approve this international experience and certify that the associated academic courses have appropriate goals, objectives, and academic content and are offered at the appropriate level. In addition, the instructor of record is qualified to teach the content and the Program Leader and/or co-leader is qualified to supervise the students while traveling.	
Name of Department Chair(s):	Please print
Signature(s) of Department Chair(s):	
Date:	
Name of College Dean(s):	Please print
Signature of College Dean(s):	
Date:	
FOR THE AVPOF THE GRADUATE STUDIES (If graduate study involved)	
My signature below indicates that I certify that the graduate course content is sufficiently rigorous, and matches course content as appropriate and if dual-listed, that there is sufficient distinction between requirements for undergraduates and graduate students.	
Signature of the Dean:	
Date:	
FOR CHAIR OF UNIVERSITY GLOBAL AFFAIRS COMMITTEE	
Signature:	
Date:	
FOR EXECUTIVE DIRECTOR, GLOBAL PROGRAMS AND SERVICES	
Signature:	
Date:	

Date Received _____	Date Processed _____
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