



Study Abroad Program Development RFP Cover Sheet



PROPOSED PROGRAM

Title: _____

Country: _____ Location(s): _____

To be offered in: ____ Fall ____ Spring ____ Summer ____ A/C ____ B

Total budget request: _____

CONTACT INFORMATION FOR IDENTIFIED FACULTY *(List two faculty members you anticipate would be directly involved in the development process. Include the full list of potential faculty in the concept note.)*

Name: _____

Email: _____ Phone: _____

UF Unit: _____

Faculty Status (check one): ☐ Tenured ☐ Tenure-track ☐ Full-time continuing

Name: _____

Email: _____ Phone: _____

UF Unit: _____

Faculty Status (check one): ☐ Tenured ☐ Tenure-track ☐ Full-time continuing

SUBMISSION INFORMATION

Submitting Units(s): _____

College(s): _____

Unit Head (print name): _____ Title: _____

Signature: _____

Additional signatures if submitting collaborative proposal:

Unit Head (print name): _____ Title: _____

Signature: _____

Unit Head (print name): _____ Title: _____

Signature: _____