

OREGON INSTITUTE OF TECHNOLOGY

Study Abroad Program Pre-Approval Form

Stage 1: Approval to Proceed

Office of Global Engagement and Study Abroad
Submit to: global.engagement@oit.edu

Before You Begin

This form is the first step in proposing a study abroad program at Oregon Tech. It is designed to obtain pre-approval to proceed with detailed planning.

Required: You must consult with the Office of Global Engagement and Study Abroad before submitting this form. Contact global.engagement@oit.edu to schedule a pre-consultation meeting.

Upon pre-approval, you will proceed to Stage 2: Program Planning & Approval

Before You Submit

Please confirm the following before submitting this form. Incomplete submissions will be returned.

- ☐ I have met with the Office of Global Engagement and Study Abroad for a pre-consultation (Required)
- ☐ I have discussed this program with my Department Chair (Required)
- ☐ I have checked the current U.S. State Department Travel Advisory level for the destination (Required)
- ☐ All sections of this form are complete (Required)
- ☐ Faculty Lead, Department Chair, and Dean signatures obtained (Required)

Section 1. Faculty Lead Information

Faculty Lead Name:	Title / Rank:
Department / College:	Email:
Office Phone:	Cell Phone:

Co-Faculty Lead (if applicable):

Name:	Email:

Prior Study Abroad Leadership Experience:

List programs led, countries visited with students, and approximate years. If this is your first time leading students abroad, please note that here.

Section 2. Program Overview

Proposed Course Title:	Course Number (if known):
Credits:	Estimated Enrollment (min / max):
Proposed Travel Dates:	Term:

Is this a renewal?

☐ Yes — Year(s) previously offered: _____ ☐ No — this is a new program

Program Type / Category:

Select the category that best describes this program.

- ☐ Faculty-Led Study Abroad Course (credit-bearing, faculty teaches curriculum abroad)
- ☐ Student Exchange Program (student studies at a partner institution, credits transfer)
- ☐ International Externship or Service-Learning Program
- ☐ Faculty-Led Research Program (students participate in international research)
- ☐ International Conference or Professional Development (faculty/staff travel)
- ☐ Other — describe: _____

Faculty Workload:

Briefly describe how this course fits within your standard workload or if overload compensation applies.

Section 3. Destination & Partnerships

Primary Country:	Primary City / Region:

U.S. State Department Travel Advisory Level:

- ☐ Level 1 – Exercise Normal Precautions ☐ Level 2 – Exercise Increased Caution
- ☐ Level 3 – Reconsider Travel ☐ Level 4 – Do Not Travel

Note: Programs to Level 3 or Level 4 destinations require additional Provost approval and risk review.

Partner Institution / Organization (if any):

Partner Name:	Nature of Partnership:
	☐ Established Memorandum of Understanding (MOU) / Agreement ☐ Existing informal relationship ☐ New / No prior relationship

On-Site Host Contact (if identified):

The person at the host institution who will welcome and support students on arrival. Full details will be required in Stage 2.

Name / Title: _____ Email / Phone: _____

☐ To be confirmed in Stage 2

Section 4. Preliminary Budget Estimate

Provide a rough estimate of program costs at this stage. A detailed budget will be required in Stage 2.

Estimated Program Cost (per student):	
Estimated Faculty Travel Cost:	

Anticipated Funding Sources:

- ☐ Student payments (deposit model)
- ☐ Department support
- ☐ Grant funding
- ☐ OIT Foundation
- ☐ Other: _____

Section 5. Brief Academic Rationale

In 2–4 sentences, describe the academic purpose and how this program supports institutional or departmental goals. A full program description will be required in Stage 2.

Target Audience:

Which students is this program designed for?

- ☐ Open to all majors ☐ Specific department(s): _____

- ☐ Degree-seeking students only ☐ Non-degree-seeking students may participate

Section 6. Departmental Pre-Approval

Chair and Dean signatures confirm awareness and support for the faculty lead to proceed with detailed program planning (Stage 2). These signatures do not constitute final institutional approval.

Faculty Lead Signature:	Date:
Department Chair Signature:	Date:
Dean Signature:	Date:

For Office Use Only

Pre-Approval Decision:	☐ Approved to proceed to Stage 2 ☐ Returned for revision ☐ Not approved
Reviewed by:	
Date:	
Comments:	