

COAST COMMUNITY COLLEGE DISTRICT

FACULTY PROPOSAL TO CONDUCT A SHORT-TERM
STUDY ABROAD PROGRAM

Each faculty member must submit his/her own proposal.

You must submit this proposal to the dean of the division at the campus through which you plan to teach.

Name _____

Address _____
Street City State ZIP

Telephone Number (Home) _____ (Office) _____

E-mail address _____

Adjunct Full-time at: CCC GWC OCC (Select one)

1. Location of proposed program (city/ies and country/ies) _____

2. Dates & Length of proposed program _____

3. List the course/s and the total number of units **you** plan to teach _____

4. What is/are the other proposed course/s for this program?

5. Briefly describe your experience in the area to be visited. _____

6. Describe any experience you have had leading groups or travel/study programs or related activities.

7. Program Service Provider:

Name _____ Contact Name _____

Address _____

_____ E-mail _____

Telephone number _____ Fax Number _____

*If desired, please attach any additional information that relates to the proposed program.

8. Total salary cost \$_____ (per Lecture Hour Equivalent: 1 LHE = 18 instructional hours) plus benefits \$_____, and all other reimbursable costs. (This amount is based on AFT/CFE or CCA/CTA/NEA union contracts.)

****Verify salary amount with your Dean and Campus Personnel Office before submitting.**

Method of Compensation:

- This salary is to be paid by the college and therefore generates FTE's.
- This salary, including all applicable benefits, will be reimbursed to the District by the service provider and will not generate FTE's.

Faculty Signature

Date

Signature, Division Dean

Date

Signature, Vice President of Instruction

Date

Signature, College President

Date

Routing: After obtaining all necessary signatures, forward copy to District Educational Services