SCU International Travel Proposal

Instructions

This proposal may be completed by the Program Coordinator or by their designee. The Program Coordinator maintains responsibility for ensuring that international travel adheres to the SCU International Travel Policy and assumes responsibility for all Program Coordinator Roles and Responsibilities.

Outline of the process:

1. Fill out the questionnaires (sections) #1-9 and make all necessary edits. Once a section is complete and no further edits are needed click "Done".
2. Complete the "Request a PDF Copy of my Proposal" section and click "Done" to notify Global Engagement that your proposal is ready to be reviewed by your dean and/or academic program chair. You will receive a copy of your proposal via email within 5 business days to distribute to the appropriate signature approvers.
3. Obtain signature approvals and submit documentation to the proposal in the "Signature Approvals" section. If additional edits to the proposal were requested by signature approvers, you may contact associateprovostglobal@scu.edu with a request to un-submit your questionnaires so that you may edit them yourself.
4. Once all final edits have been made, at the top of the application page you will "Submit" the proposal for committee review. After your proposal has been submitted, no additional edits will be permitted.

Please note: Each section has multiple pages. Please remember to save each page as well as complete the subsequent page(s) within each section. "Saving" each section will allow you to go back and make edits to the content, however, once you click "Done" under each section, you will no longer be able to edit that section.

Expectations:

- The proposal, including signature approvals, will be submitted by the deadline, based on the anticipated term of travel.
  - The Travel Policy Advisory Committee (TPAC) may choose to review late submissions, but this is at the committee's discretion and not guaranteed.
  - Proposals should be submitted by this deadline even if certain aspects of the travel, such as funding or final list of participants, have not been confirmed.
- The entire International Travel Proposal will be shared with your dean and/or academic department chair prior to receiving signature approval.
- Requests to make additional edits to the proposal after it has been submitted will not be considered. TPAC will review the proposal as submitted and will make their decision accordingly.

Questions? Please contact the Senior Administrative Assistant to the Associate Provost for International Programs

associateprovostglobal@scu.edu

(408) 551-3085
1. Program Coordinator Information

1) Program Coordinator Name

2) Program Coordinator Title (*)

3) School/College/Division (*) (Dropdown Menu)
   a) Athletics
   b) College of Arts and Sciences
   c) University Relations
   d) Division of Student Life
   e) Enrollment Management and Undergraduate Admissions
   f) Jesuit School of Theology
   g) Global Engagement
   h) Ignatian Center for Jesuit Education
   i) Law School
   j) Leavey School of Business
   k) Miller Center for Social Entrepreneurship
   l) Markkula Center for Applied Ethics
   m) Office of the President
   n) Provost's Office
   o) School of Engineering
   p) School of Education and Counseling Psychology
   q) Other

4) If you selected “Other”, please list the Program Coordinator's School/College/Division:

5) Department (*) (Dropdown Menu)
   a) Alumni Relations
   b) Center for Food Innovation and Entrepreneurship
   c) Center for Global Law and Policy
   d) Center for Student Involvement
   e) Development Office
   f) ICJE Donovan Fellowships
   g) Frugal Innovation Hub
   h) Graduate Engineering
   i) Graduate Business
   j) ICJE Immersions
   k) International Human Rights Clinic
   l) Other

6) If you selected “Other”, please list the Program Coordinator's Department:

7) Program Coordinator E-mail (*)

8) Program Coordinator Office Phone (*)

9) Program Coordinator Cell Phone (*)

10) The Program Coordinator will travel with the students as On-Site Program Leader. (*)

   Please select one: Yes / No

11) Participants will be abroad independent of an SCU employee on-site. (*)
12) The Program Coordinator will travel with the students as On-Site Program Leader. (*)
   Please select one: Yes / No
13) Will another SCU employee participate as On-Site Program Leader during the proposed travel? (*)
   Please select one: Yes / No
   If yes, please enter On-Site Program Leader's:
   1. Name
   2. Title
   3. SCU Department
   4. SCU Email Address
14) On-Site Program Leader Location Travel Experience (*)
   Indicate the number of times the On-Site Program Leader has visited or lived in the host country, and duration of stay.
15) On-Site Program Leader Language Proficiency
   Please select from the drop-down menu below in keeping with the university-wide language evaluation form.
16) Which critical incidents has the Program Coordinator had experience managing during a global program? (*)
   a) Hospitalization
   b) Sexual assault
   c) Non-violent crime
   d) Violent crime
   e) Hate crime
   f) Drink spiking/drugging
   g) Vandalism of local housing/program facilities by participants
   h) Participant disciplinary issues
   i) Mental health critical situations
   j) Pandemic/health outbreak
   k) Participants missing from program
   l) Jail/legal detention
   m) Terrorist incident
   n) Coup
   o) Death
   p) None

2. Program Coordinator Role and Responsibilities

Instructions:
If your International Travel Proposal is approved, do you agree to abide by the following University expectations for Faculty/Staff Program Coordinators?
1) Single point of contact (*)
   I will serve as the single point of contact during the international travel proposal process and am responsible for liaising with others in my area to whom I may have delegated responsibility, such as an on-site program leader.
   Please select one: Yes / No
2) SCU International Travel Policy
I have read the SCU International Travel Policy and related procedures. (*)
Please select one: Yes / No

3) Department and Financial Responsibility (*)
I understand that my department assumes responsibility for the program, including financial responsibility; and that I am responsible for submitting updates for approval in the event of significant changes to the program or itinerary.
Please select one: Yes / No

4) Program or Itinerary Changes after Approval
I understand that, in the event of significant changes to the program or itinerary after approval, my department is responsible for submitting updates for review and approval.
Please select one: Yes / No

5) Pre-Departure Orientation (*)
I will organize and/or present a pre-departure orientation for participants that includes full disclosure of the potential risks and dangers of travel in country in keeping with SCU required travel preparation:
https://www.scu.edu/globalengagement/international-travel-for-facultystaff/program-coordinator-responsibilities-and-resources
Please select one: Yes / No

6) University resources to support pre-departure orientation (*)
I am aware of University resources to support pre-departure orientation with participants including, a discussion guide, the Global Guide and Predeparture Orientation Powerpoint:
https://www.scu.edu/globalengagement/facultystaff-travel/program-coordinator-responsibilities-and-resources/
Please select one: Yes / No

7) Health and Safety abroad (*)
I will strongly advise participants about safe practices in local circumstances and will monitor the OSAC and DOS advisories on a daily basis.
Please select one: Yes / No

8) Health and Safety Information (*)
I will provide essential health and safety information to all program participants including:
- Department of State Country Advisories
- Centers for Disease Control Traveler's Health
- Any other relevant advisories
Please select one: Yes / No

9) US Embassy and STEP Registration (*)
In keeping with University policy, I will require that all eligible participants register with the US Embassy abroad via the US Department of State Smart Travel Enrollment Program (STEP).
Please select one: Yes / No

10) Inform participants that approval is subject to change (*)
I understand that University approval is contingent upon the current state of affairs in the country/region and the University reserves the right to change program approval at any time based on changing conditions and I will advise students of this.
Please select one: Yes / No

11) Advise participants of immunizations and medications (*)
I will advise participant(s) of immunizations and medications, required or recommended for the program destination.
Please select one: Yes / No

12) Inform participants of required travel visas (*)
I will advise the participant(s) of visa requirements for the destination in a timely fashion and provide materials to support participants in obtaining appropriate documentation required for the visa, if relevant.

Please select one: Yes / No

13) Verify expiration date of passports (*)
I will verify that all participants' passports are valid for six months following anticipated return to the US.

Please select one: Yes / No

14) Advise participants of insurance (*)
I will advise the participant(s) of insurance during the program abroad.

Please select one: Yes / No

15) Distribute the relevant undergraduate or graduate SCU Student Code of Conduct (*)
If the program includes student participants, I will distribute the undergraduate SCU Student Code of Conduct or relevant graduate code of conduct to the participants.

Please select one: Yes / No

16) Assure compliance with insurance, health and safety codes of hotels and local transport (*)
I will make formal arrangements with on-site service providers to assurance compliance with insurance, health and safety codes of hotels and local transport.

Please select one: Yes / No

17) Make arrangements for telephone communications (*)
I will make arrangements for telephone communications with the participant(s).

Please select one: Yes / No

18) Which of following critical incidents have you had experience managing on a global program? (*)
You can hold down the Ctrl key on a PC or command key on a Mac to select multiple options.

a) Hospitalization
b) Sexual assault
c) Non-violent crime
d) Violent crime
e) Hate crime
f) Drink spiking/drugging
g) Vandalism of local housing/program facilities by participants
h) Participant disciplinary issues
i) Mental health critical situations
j) Pandemic/health outbreak
k) Participants missing from program
l) Jail/legal detention
m) Terrorist incident
n) Coup
o) Death
p) None

19) Emergency Contact (*)
I will serve as the 24/7 emergency contact during the program.

Please select one: Yes / No

20) Information Collection and Distribution (*)
I will collect from the participants:
- The University Waiver (or Extreme Hazard Waiver, if relevant)
- The International & Off-Campus Programs Travel Health Self-Report Form
- Emergency contact information for each participant
- Copies of the photo page of the inside of the passport for each participant

I will submit the following information to the Distribution List, below, four weeks prior to departure:
- Finalized Program Itinerary including dates, transportation, means of communication and lodging information for travel to, from, and within destination site(s)
- 24/7 contact information for Program Coordinator throughout program
- Finalized list of travel participants including the same detail as requested for

Proposed Participant list in Part I (name, email, ID, position) Distribution:
A. Appropriate Dean of College/School OR Executive Director of SCU Center of Distinction
B. Campus Safety, campussafety@scu.edu cc. Philip Beltran, Director of Campus Safety Services and University Operations (pjbeltran@scu.edu) and John Loretto, Assistant Directory (jloretto@scu.edu)
C. On-site Coordinator for Program if different than SCU Program Coordinator
Please select one: Yes / No

21) Exception to the University International Travel Policy (*)
I understand that, if an exception to the University International Travel Policy is approved by the Provost, it is a one-time exception and does apply to possible future programs.
Please select one: Yes / No

22) Health and Safety Risks: Undergraduates vs. Graduates (*)
Institutional responsibility for programs abroad may be greater when programs include non-SCU participants, and institutional responsibility may be greater on programs that include Undergraduate students than Graduate students. This may place increased personal responsibility on me as Program Coordinator.
Please select one: Yes / No

23) Electronic Signature (*)
By entering my full name in the space below, I certify that the information given is complete and accurate to the best of my knowledge.

3. Travel Overview, Health & Safety
1) Travel Description (*)
Please give a brief description of what type of program this is. Examples include study abroad, internships, research, fellowships.
2) Program Location: Country/Countries (*)
Please select all countries that you will be traveling to. You can hold down the Ctrl key on a PC or command key on a Mac while clicking multiple options.
3) Program Location: Specific towns, cities, and regions (*)
4) What is the DOS travel advisory? (*) Department of State Travel Advisories
   Level 1: Exercise normal precautions
   Level 2: Exercise increased caution
   Level 3: Reconsider travel
   Level 4: Do not travel
5) What are the DOS Risk Indicators?  
List the specific Risk Indicators addressed in the DOS advisory, e.g., Crime, Terrorism, Unrest, Health, etc.

6) Describe any DOS in-country embassy alerts issued in the past three months.

7) How will you address specific risks described in the DOS and CDC advisories? (*)

How will you address the specific DOS Risk Indicators, e.g., what practices will you employ to manage Crime, Terrorism, Unrest, Health, etc.?

8) What is the CDC Travel Health Notice? (*) (Dropdown Menu)

Centers for Disease Control (CDC)
https://wwwnc.cdc.gov/travel/notices

- Watch Level 1: Practice usual precautions
- Alert Level 2: Practice enhanced precautions
- Warning Level 3: Avoid all non-essential travel
- None

9) What is the current CDC COVID-19 Travel Recommendation? You can find this information here (Dropdown Menu)

- Level 4: Very High - Travelers should avoid all travel to these destinations.
- Level 3: High - Travelers should avoid all nonessential travel to the following destinations.
- Level 2: Moderate - Travelers at increased risk for severe illness from COVID-19 should avoid all nonessential travel to the following destinations.
- Level 1: Low - All travelers should wear a mask, avoid crowds, stay at least 6 feet from people who are not traveling with you, wash your hands often or use hand sanitizer, and watch your health for signs of illness.
- Level Unknown - Travelers avoid all nonessential travel to the following destinations because these countries have not reported COVID-19 data and risk is unknown.

10) How will you verify all participants have been fully vaccinated at least 2 weeks prior to departure?

The CDC COVID-19 recommendation for international travel is that travelers should, "Delay international travel until you are able to get fully vaccinated". You can find this information here.

11) Immunizations recommended by CDC (*)

What specific immunizations does the Centers for Disease Control (CDC) recommend for: A) All travelers, B) Most travelers, C) Some travelers?

12) Immunization timeline (*)

What is the timeline required for participants to be fully immunized according to CDC recommendations for All Travelers and Most Travelers prior to departure?

13) Medications or health precautions (*)

What additional medications or health precautions are recommended by the CDC, e.g., Zika?

14) Program Activities Requiring Immunizations (*)

Will participants be engaged in any activities abroad that might require additional traveler precautions from the CDC website?
15) Describe the World Health Organization (WHO) COVID-19 weekly trend data [https://covid19.who.int/]. Include: discussion of the data trend for the last four weeks showing trends in new cases, 2) trends in deaths, 3) increases in vaccination, 4) the overall context of new covid cases that demonstrates COVID-19 is declining or controlled.

Describe any additional information that you believe is relevant to the University’s ability to manage health/safety/risk related to the proposed program. For example:

- Infrastructure for student support on-site including, but not limited to: University staffing, campus health centers, program center staffing, COVID-19 specific protocols, designated alternative programming;
- SCU sponsoring department infrastructure including such as involvement of deans, availability of full-time exempt staff for the duration of the program, financial policies and procedures in place to support program adjustments/cancelations, academic policies to address credit;
- Local measures put in place for pandemic such as travel restrictions testing, quarantine, lockdowns;
- Other relevant data

16) Locations with DOS Level 3-4 Advisory

If you are proposing to go to a country or area with a Level 3 or Level 4 advisory have you as Program Coordinator, made an effort to identify alternative countries/locations that are not subject to heightened travel advisories/restrictions? If yes, what other countries/locations were investigated?

Please select one: Yes / No

17) Is this a new proposed program? (*)

Please select one: Yes / No

18) Do you expect to offer this program repeatedly, i.e., in multiple years? (*)

Please select one: Yes / No

19) Will undergraduate and/or graduate students be participating in this program? (*)

Please select one: Yes / No

20) Academic Year of Travel

The academic year starts on the first day of Fall Term classes and runs through the next summer.

- 2022-23
- 2023-24

21) SCU Term of Travel

Fall
Winter Break
Winter Quarter/Spring Semester
Spring Quarter
Spring Break
Summer (between Commencement and First Day of Fall Term)

22) Departure date of travel (*)

23) Return date of travel (*)

24) Duration of Travel (insert after start/end)

A. Summer: Less than two weeks
B. Summer: Two to eight weeks
C. Summer: More than eight weeks
D. January Term
E. Two to eight weeks during the academic year (including May term)
F. Less than two weeks during the academic year (including May term)
G. One Quarter
H. Two Quarters
I. One Semester

25) At the time of submission, dates are: (*)
   Please select one: Finalized / Tentative

26) Is this travel associated with an academic course or credit?
   Please select one: Yes / No

   If yes....
   27) Course Number
   28) Course Title
   29) Course Instructor
   30) Graduate or undergraduate course?
       Please select one: Graduate/ Undergraduate

   31) Course Term(s)
       Please select one:

       Fall Quarter / Fall Semester / Winter Quarter / Spring Quarter / Spring Semester / Summer

32) Academic content and contact hours

       This program will receive academic credit on the basis of academic content and contact hours fulfilled during the program abroad.

       Please select one Yes/ No

33) Pre-session course associated with program?

       This program is being offered outside of the academic term and is connected to a course taught in the preceding academic term.

       Please select one Yes/ No

34) Post-session course associated with program?

       This program is being offered outside of the academic term and is connected to a course taught following the program abroad.

       Please select one Yes/ No

4. In-Country Contacts or Organizations

   1) Name of on-site organization (*)
   2) Website (*)
   3) Mission (*)
   4) Address (*)
5) Main contact name (*)
6) Main contact title (*)
7) Main contact telephone (*)
8) Main contact email (*)
9) Is this a University? (*)
   Please select one: Yes / No
10) Describe how you have personally worked with this organization in the past: (*)

5a. Housing and Accommodations

1) Accommodation #1 details (*)
   Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, Jesuit facility etc.) in which students will reside. Please include proposed dates this location as well as contact information, address, and any other information for this accommodation.

2) Will you stay in more than one lodging/accommodation?
   Please select one: Yes / No
   If yes,

   2.1) Accommodation #2 details (if applicable)
   Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, Jesuit facility etc.) in which students will reside. Please include proposed dates this location as well as contact information, address, and any other information for this accommodation.

   2.2) Accommodation #3 details (if applicable)
   Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, Jesuit facility etc.) in which students will reside. Please include proposed dates this location as well as contact information, address, and any other information for this accommodation.

   2.3) Accommodation #4 details (if applicable)
   Please list the specific location (town, city, region) and type of accommodation (hotel, homestay, Jesuit facility etc.) in which students will reside. Please include proposed dates this location as well as contact information, address, and any other information for this accommodation.

3) Will there be a place where students may secure valuables in all accommodation locations? (*)
   If "no", please detail which accommodation will not meet this requirement.
   Please select one: Yes / No

4) Will you advise the students in any way regarding housing options for this program? (*)
   Please select one: Yes / No

5) Are students responsible for arranging their own accommodation on-site? (*)
   (Are students arranging their own accommodation completely independent from the Program Coordinator?)
   Please select one: Yes / No
6) Clery Act Compliance (*)

In compliance with the Jeanne Clery Act, please specify if participants will be staying in a hotel or a homestay which uses a private/secondary entrance designated specifically for use by participants.

Please select one: Yes / No

5b. Housing and Accommodations: Homestay (if relevant)

Does this program utilize homestays?

Yes    No

If yes, please answer the questions below. If no, skip to section 6. Local Transportation.

1) Is accommodation coordinated by the University as part of the program? (*)

   Please select one: Yes / No

2) Will participants reside in homestays? (*)

   If yes, please address questions 3-7

   Please select one: Yes / No

3) What is the organization that you will be working with for homestay placements?

4) Who is responsible for the homestay placements?

   Please provide Name, Address, Main Contact Name, Main Contact Phone, Main Contact Email

5) What is the organization's mission?

   Please either type your answer into this field or use the yellow file folder icon to attach details.

6) What is the process that the organization uses to vet host families?

   Please either type your answer into this field or use the yellow file folder icon to attach details.

7) Have you, as Program Coordinator, personally worked with this organization before?

6. Local Transportation

1) Transportation Details (*)

   Please use the yellow file folder below to attach proposed transportation details. Include information regarding travel to, travel from, and travel within the destination site. Be sure to describe the transportation used on-site and any transportation to and from airports.

2) What is the name of the transportation company, if relevant? (*)

3) What is the name of the insurance company used by the transportation company, if relevant? (*)

4) How does the method of transportation conform to recommendations from the DOS? (*)

   For example traveling at night, taking toll roads, utilizing a bus, etc.? If the local transportation does not conform to expectations of the DOS, please address this.

5) How many automobiles will be rented? (*)

   This question is for insurance data collection purposes.
7. Finances

1) I have trip cancellation insurance coverage for this program. (*)
   Please select one Yes/No

2) Are there currently Overseas Foreign Assets Control (OFAC) Restrictions for this location? (*)
   https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx
   Please select one Yes/No

3) How do you plan to access money abroad? (*)
   You can type your answer in this field or use the yellow file icon button to attach details.

4) How do you plan to transport money abroad? (*)

9. Program Participants

1) Who are the primary participants in this travel? (*)
   If both undergraduate and graduate students are participating in this travel, select both options.
   Undergraduate Students
   Graduate Students
   Non-student Travel

2) Number of SCU Faculty Participants not including non SCU on-site leaders (*)
   If none, enter 0.

3) Number of SCU Staff Participants not including non SCU on-site leaders (*)
   If none, enter 0.

4) Number of Undergraduate Participants (Projected) (*)
   If none, enter 0.

5) Number of Graduate Participants (Projected) (*)
   If none, enter 0.

6) Number of Dependents/Companions (Projected) (*)
   If none, enter 0.

7) Participant Information File Upload (*)
   Please upload a list of your participants, including each participant’s full name, email, student ID (if applicable), and a short description to indicate if the participant is an undergraduate student, graduate student, staff, faculty, dependent/companion, or other.
   A template is provided for your convenience: Participant List template.
   If you do not have participant details at this time, please download the template and fill out the second tab, named “Summary”, then upload the saved file here.
Request a PDF Copy of my Proposal

IMPORTANT: Do not proceed with this request until you have completed Questionnaires #1-8 and marked them all as "Done". Completed questionnaires will display green check-marks or be listed in the "Completed Requirements" section.

1) To submit your request, declare all requirements complete in the drop-down menu and click "Done". (REQUIRED)

Please allow up to 5 business days for our office to email you a copy of your proposal.

Signature Approvals

- If you are not the Program Coordinator, please download the “Program Coordinator Role and Responsibilities” signature form and obtain a signature from the Program Coordinator.
- Please download the signature form and obtain a signature from your Dean and Academic Chair, if applicable.
- If additional edits to the proposal are requested by signature approvers, you may contact associateprovostglobal@scu.edu with a request to un-submit your questionnaires so that you may edit them yourself.

Questions? Please contact: associateprovostglobal@scu.edu

1) Please upload the Signature Form complete with signatures. (*)

2) Will you personally fulfill the role and responsibilities of program coordinator?
   Please select one: Yes / No

   If no:
   Please upload the “Program Coordinator Role and Responsibilities” complete with signatures. (*)

3) Department Chair / Director Approver First Name (*)
   If you do not have a Department Chair/Director write N/A.

4) Department Chair / Director Approver Last Name (*)
   If you do not have a Department Chair/Director write N/A.

5) Department Chair / Director’s Title (*)
   If you do not have a Department Chair/Director write N/A.

6) Dean / Executive Director Signature First Name (*)

7) Dean / Executive Director Signature Last Name (*)

8) Dean / Executive Director Signature Title (*)