

# Minnesota State University

## MANKATO

### Faculty Led Program Proposal 2025-2026

#### Program Overview

Official Program Title:

Proposed Course Term and Year:

Fall       Spring       Summer

Proposed Program Departure:

Proposed Program Return:

Destination(s):

Are you using a provider to help with logistics?

Yes       No

*If yes, please provide the company name, contact person, email and phone number*

Are you requesting funds from Global Education for this program?

Yes       No

**NOTE: As faculty-led programs are academic, credit-bearing courses, all programs must be approved by your college Dean PRIOR to submission. College & University leadership may determine which faculty-led programs are available in a given semester, based on factors such as cost, alignment with student academic success and matriculation, location, cross-or-interdisciplinary collaboration.**

#### Faculty Leader Information

First Faculty Leader:

Department:

Instructor of Record for Course(s):

Email:

Cell Phone:

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Second Faculty or MSU Staff Leader:

Must be **officially** affiliated with the University

Department:

Instructor of Record for Course(s):

Email:

Cell Phone:

**\*Note: GA, Community Member, Significant Other are not applicable**

**\*\*If your program has limitations on the ability to fund a second faculty/staff leader, please connect with the Center of Global Engagement staff for options regarding additional support.**

### Program Summary

Please provide a concise summary of your proposed program and address the following points (attach additional pages, if necessary):

- Identify how this program supports your college's internationalization goals;
- Describe how your program aligns with DEI & equitable student engagement/participation;
- Explain key features of your program's high-impact practice(s): may address U.S. diversity, global cultural perspectives, exploring worldview different from one's own, or augmenting experiential learning. (AAC&U; <http://www.aacu.org/trending-topics/high-impact>)
- CLEARLY articulate learning objectives & outcomes,
- Demonstrate offering program in a cross-disciplinary or interdisciplinary manner.

**\*Please include any plans to enroll non-degree seeking or others who are not full-time students at MSU\***

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### Academic Information

Course Title	Course #	Section	Credits	Approved as Gen. Ed.		
<i>(Example)</i> <b>The Geography of the Upper Mississippi River Basin</b>	<i>GEOG 123</i>	<i>01</i>	<i>3</i>	<input checked="" type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive
				<input type="checkbox"/> Purple	<input type="checkbox"/> Gold	<input type="checkbox"/> Writing Intensive

Do you anticipate being able to recruit 10+ students for the program?

Yes      No

**\*10 student minimum is required, unless other enrollment figures are required AND approved by the college leadership.**

Will this program be available to students enrolled in any major?

Yes      No

If no, define who is eligible to participate:

Is the course which through the faculty-led program is offered required for a major/minor/certificate?

Yes      No

Is this program offered on a rotational basis (e.g., annually, bi-annually, etc.)?

Yes      No

Is this program developed for undergraduate students?

Yes      No

Is this program developed for graduate students (*currently enrolled at MSU*)?

Yes      No

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Do you anticipate enrolling anyone else, other than a degree-seeking MSU student, in this program?

*\*Please note, additional permissions may be required*

Yes       No

Has your department(s) Chair(s) approved your program proposal and any associated costs the department(s) may encumber for the program?

Yes       No

Has your college(s) Dean(s) approved your program proposal and any associated costs the college/department may encumber for the program?

Yes       No

### Risk Management

Please review the country specific information for the program's destination(s) on the [U.S. Department of State website](#) and the Traveler's Health information on the [Centers for Disease Control and Prevention website](#). Programs are able travel internationally if the desired destination is a level 1 or 2 on the State Travel Advisory site. If the desired destination is a Level 3 or 4 on the U.S. Department of State Travel Advisory site, faculty will be required to complete additional approval steps found on the [Global Education website](#).

Additionally, if the program includes identifiable risky activities, including, but not limited to, the activities not covered by GeoBlue insurance, you must consult with [Chandler Holland](#), the Director of MSU Environmental Health and Safety and Risk Management. Once you obtain written approval for the proposed activities, please attach the approval to this proposal and check the box below to indicate that you have completed this step. Some examples of risky activities include scuba diving, sky diving, parasailing, hang gliding, parachuting, or bungee jumping.

Minnesota State Environmental Health and Safety Office Special Permission (if applicable)

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I have considered the possible risks to participants involved in this program, and I have read and will comply with my obligations under:

1. [Minnesota State procedure 5.19.3- Travel Management](#)
2. [Minnesota State University, Mankato's policy on University-Sponsored Education Abroad Programs](#)
3. [Minnesota State procedure 3.41.1- Education Abroad Programs](#)
4. [Minnesota State Mankato's Employee Code of Conduct](#)
5. [Minnesota State Employee Code of Conduct](#)
6. [Minnesota State Mankato's Policy on Alcohol and Other Drug Use](#)
7. [High Impact Practices](#)

Please Note: Detailed information regarding medical facilities/providers and contact information for all overnight stays will be required in the completion of the Destination Description document.

**This will be provided by the Center for Global Engagement, one month prior to your departure date.**

I will complete the detailed information regarding medical facilities/providers and contact information for all overnight stays in the required Destination Description. I will complete and turn this form into the Center for Global Engagement one month prior to departure.

Check to indicate your agreement to provide the Destination Description

### **Contingency Plans:**

I have outlined the following contingency plan in the event of an emergency (when there may not be a second faculty or program provider available). What is your plan? How will you keep your students safe while addressing any emergency?

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### Academic Endorsements

Your signature below indicates your approval of this faculty-led education abroad or away program and you agree to the following:

- This program contributes to the teaching & internationalization goals of the program, department and college.
- All course numbers listed exist as Minnesota State University, Mankato courses and have been approved through the University curriculum review process.
- The department will support the program through promotional activities, academic advising, course scheduling **and verification of participant registration in the program courses.**

*\*If a program offers courses in more than one department, approval must be obtained from each department.*

Faculty Leader 1	Print Name	Department	Date
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Faculty/Staff Leader 2	Print Name	Department	Date
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Department Chair	Print Name	Department	Date
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Department Chair <i>(if different from Faculty Leader 1)</i>	Print Name	Department	Date
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Dean	Print Name	College	Date
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Dean <i>(if different from Faculty Leader 1)</i>	Print Name	College	Date
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