

## EDUCATION ABROAD COLLEGE APPROVAL FORM

*Program faculty should complete the form below and route it for the appropriate signatures before uploading to their program proposal.*

### PROGRAM ACADEMICS

- I acknowledge that I have reviewed the academic content of the \_\_\_\_\_ education abroad program proposed by \_\_\_\_\_.
- I acknowledge that the content of this education abroad program meets academic requirements and expectations of my department/college.
- I acknowledge that the \_\_\_\_\_ course(s) has the required contact hours to meet UPCC/GPCC guidelines for all course credit.
- I acknowledge that \_\_\_\_\_ has the required qualifications to teach the course(s) offered per accreditation requirements.

### COMPENSATION

- I acknowledge that \_\_\_\_\_ will be compensated using the compensation formula selected below.
- I acknowledge that the University's overload policy prohibits 12-month faculty from receiving compensation via overload for education abroad programs.
- I acknowledge that faculty teaching in the Fall and Spring and not eligible to receive compensation via overload for education abroad programs.
- I acknowledge that faculty must adhere to the 33.33% Summer salary limits and cannot be compensated for amounts that exceed this percentage.

#### Education Abroad Compensation Formulas (Choose One):

- ☐ Faculty-Led Program Salary:  $\$165 \times \# \text{ of Students} \times \# \text{ of Credit Hours}$
- ☐ Faculty-Led Program Salary for Facilitating a Course:  $\$82.50 \times \# \text{ of Students} \times \# \text{ of Credit Hours}$
- ☐ Other: \_\_\_\_\_

### CHAIR AND DEAN CONFIRMATION OF ACKNOWLEDGEMENTS

\_\_\_\_\_  
CHAIR NAME (PRINT)

\_\_\_\_\_  
DEAN NAME (PRINT)

\_\_\_\_\_  
CHAIR SIGNATURE

\_\_\_\_\_  
DEAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE