

Learning Abroad Project Proposal



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*Name of Project*

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*Host Country*

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*Month(s) and Year of activity, e.g. January 2024*

1. **Introduction**

This document provides information about a proposed Learning Abroad project for students and seeks approval for the implementation from relevant delegates. Approval should be sought no later than **100 working** days prior to departure. See the Guidelines for Developing International Short Programs.

1. **Project Leader**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| School / Institute |  |
| Phone |  |
| Email |  |

1. **Project Summary**

3.1 Project Background and Description

Provide a brief description about the program

3.2 Objectives

What is the purpose, objectives, and learning outcomes?

What is the purpose, objectives, and learning outcomes?

1. **Strategic Alignment**

The project is aligned to the following University strategic objectives: Mark all that apply.

[ ]  A Distinctively-Student Centred University

[ ]  A Research-Informed Learning Experience

[ ]  An Anchor Institution, Leading Advocate and Champion for Greater Western Sydney and its People

[ ]  A Dynamic and Innovative Culture that Secures Success

[ ]  Expanding International Reach and Reputation

[ ]  A Research-Led University with Regional, National and Global Impact

1. **Project Details**

|  |  |
| --- | --- |
| NCP reference number (if applicable) |  |
| Project Account (if applicable) |  |
| Host Country |  |
| Host city(s) |  |
| Host partner universities/organisations*Educational institutions, businesses, government, NGOs, third party providers or other* |  |
| Area of Study/Disciplines: |  |
| Level of Study |
| [ ] Undergraduate [ ] Postgraduate coursework [ ] Postgraduate research |
| Year of Study |
| [ ] Year 1 [ ] Year 2 [ ] Year 3 [ ] Year 4 [ ] Year 5 [ ] Other |

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| --- |
| Type of Student Experience |
|  [ ]  Subject at Overseas University [ ]  Study Tour [ ]  Research [ ]  Work Experience [ ]  Service Learning/Volunteering [ ]  Other  |
| Duration of Program (e.g. 6 weeks) |  |
| Start date overseas |  |
| Finish Date Overseas |  |
| Number of staff participating |  |
| Number of students participating | Number of students participating |
| Will the participants be travelling together as a group? |  [ ]  Yes [ ]  No |
| Will the students be registered on the Go Global Portal? |  [ ]  Yes [ ]  No |

1. **Schedule/Itinerary**

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Day | Date | Location & Activity |
| Day 1 |  |  |  |
| Day 2 |  |  |  |
| Day 3 |  |  |  |
| Day 4 |  |  |  |
| Day 5 |  |  |  |
| Day 6 |  |  |  |
| Day 7 |  |  |  |
| Day 8 |  |  |  |
| Day 9 |  |  |  |
| Day 10 |  |  |  |
| Day 11 |  |  |  |
| Day 12 |  |  |  |
| Day 13 |  |  |  |
| Day 14 |  |  |  |
| Day 15 |  |  |  |
| Day 16 |  |  |  |
| Day 17 |  |  |  |
| Day 18 |  |  |  |
| Day 19 |  |  |  |
| Day 20 |  |  |  |

Note: If longer than 20 days, please attach schedule to Appendix.

1. **Budget**

The budget below has the best indicative costs at the time of planning.

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| Income |
|  | Amount per student ($) | Number of students | Total ($) | Comments |
| New Colombo Plan |  |  |  |  |
| Student contributions |  |  |  |  |
| Other/miscellaneous |  |  |  |  |
| Other/miscellaneous |  |  |  |  |
| **TOTAL** |  |  |

|  |
| --- |
| Student Expenses |
| Item | Cost perstudent ($) | Number ofstudents | Total ($) | Comments |
| Program fee |  |  |  |  |
| Airfares |  |  |  |  |
| Accommodation |  |  |  |  |
| Meals |  |  |  |  |
| Transfers, airport pickup |  |  |  |  |
| Local transportation |  |  |  |  |
| Excursions/Site visits |  |  |  |  |
| Overseas lectures |  |  |  |  |
| Other/miscellaneous |  |  |  |  |
| **TOTAL** |  |  |

|  |
| --- |
| Staff Expenses |
| Item | Cost per staff ($) | Number of staff | Total ($) | Comments |
| Program fee |  |  |  |  |
| Airfares |  |  |  |  |
| Accommodation |  |  |  |  |
| Meals |  |  |  |  |
| Transfers, airport pickup |  |  |  |  |
| Local transportation |  |  |  |  |
| Excursions/Site visits |  |  |  |  |
| Overseas lectures |  |  |  |  |
| Other/miscellaneous |  |  |  |  |
| **TOTAL** |  |  |

|  |
| --- |
| Income/Expense Summary |
| Description | Sum of Income | Sum of Expenses |
| NCP Student Grant |  |  |
| NCP Admin Grant |  |  |
| Student Contributions |  |  |
| Student expenses |  |  |
| Staff expenses |  |  |
| Other/miscellaneous |  |  |
| Other/miscellaneous |  |  |
| Project creep (~15%) |  |  |
| GRAND TOTAL |  |  |

1. **Review and Approval**

**Manager Learning Abroad (Short Programs)**

This document has been reviewed in accordance with the [Western Sydney University Short](https://westernsydney.edu.au/globalmobility/goglobal/home/ILP)

[Program Guidelines](https://westernsydney.edu.au/globalmobility/goglobal/home/ILP). I have reviewed and recommend this proposal for approval.

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Signature of Manager Learning Abroad (Short Programs)

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Name of Manager Learning Abroad (Short Programs)

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Date

**School Manager or Relevant Delegate**

I have reviewed and recommend this proposal for approval

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Signature of School Manager or Relevant Delegate

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Name of School Manager or Relevant Delegate

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Date

**Dean or Relevant Delate**

This project proposal is approved.

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Signature of Dean or Relevant Delegate

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Name of Dean or Relevant Delegate

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Date

Note: After signing, please email document to the Manager, Learning Abroad (Short Programs) and Project Leader. For Group Travel, the Manager Learning Abroad will seek approval from the DVCREI and VC.

1. **Student Group Travel Approval**

**Deputy Vice-Chancellor and Vice-President (Research, Enterprise and International)**

This project proposal is approved.

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Signature of Deputy Vice-Chancellor and Vice-President (Research, Enterprise and International)

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Name of Deputy Vice-Chancellor and Vice-President (Research, Enterprise and International)

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Date

**Vice Chancellor and President**

This project proposal is approved.

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Signature of Vice Chancellor and President

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Name of Deputy Vice Chancellor and President

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Date

1. **Appendix**

10.1 Student Group Travel Risk Management

10.2 Critical Incident Management Plan

10.3 International Partner Provider Proposal