

## DVC Short-Term Academic Study Away Program Information

### I. Summary and Background

DVC recognizes the importance of learning and engagement beyond the Contra Costa Community College District. The district currently offers semester-length programs through the Northern California Study Abroad Consortium. The Short-Term Academic Study Away Programs (STASAP) described in this document are faculty-developed and faculty-led initiatives meant to reach a different student audience particularly during the inter-session and the summer. The shorter format may appeal to students who might not have the time or finances to enroll in a semester program yet still want an opportunity to study away. DVC faculty will develop proposals with an education vendor that meets the DVC guidelines and criteria. Faculty interested in creating a STASAP will submit their proposal for review and approval.

### II. Proposal Guidelines

Proposals will consist of the application and a short description of course or courses, proposed pedagogy, target audience, location, rationale, and, if appropriate, how the experience provided by the program will benefit the larger campus community. Program course load must come from existing department load. Faculty should include with the Application the Proposed Vendor Contract, and Specific Program Details (Exhibit A).

### III. Application Proposal and Project Timeline

| SUMMER/INTERSESSION   |  |
|---|--|
| <b>NO LATER THAN:<br/>Academic year prior to proposed program</b> | <b>In consultation with STASAP work group member(s), a faculty member develops the study abroad idea with department support and finds educational vendor(s) that meets the DVC guidelines and the criteria described in District Business Procedures 8.21.</b>                    |
| <b>April 1</b>  | <b>Faculty member may submit an application to the STASAP work group of the Academic Senate one academic year prior to departure.</b>  |
| <b>April 15</b>   | <b>The STASAP work group reviews applications and forwards recommended applications to the Vice President of Instruction and the Vice President of Business Services.</b>  |
| <b>May 1</b>  | <b>The Vice President of Instruction and the Vice President of Business Services review the applications. (Faculty and STASAP Chairperson may be invited to meet with the Vice Presidents and/or their designees.) Approved applications are forwarded to the Governing Board.</b> |
| <b>Summer</b>   | <b>Governing Board reviews contract. Program may be advertised and promoted following Board approval.</b>  |
| <b>Within 2 months after return</b>                               | <b>Faculty member will submit a post-program report to the Short-Term Academic Study Away Program Committee.</b>   |

### IV. Proposal Evaluation Criteria

Applications will be reviewed in the following areas:

- Location is relevant to academic content of course.
- SLOs are evident and achievable for course(s).
- Identified vendor meets DVC guidelines and criteria.
- Faculty can reasonably expect to enroll sufficient students to make the program financially viable.
- Faculty have a well-conceived recruitment and marketing plan.
- Program goals adhere to DVC's strategic directions.

*Please note that the STASAP will provide compensation for course load only. Faculty may negotiate additional benefits with the educational vendor.*

#### DVC Short-Term Academic Study Away Program Application

|                              |  |  |  |
|------------------------------|--|--|--|
| Program Facilitator Name(s): |  |  |  |
| Department(s):               |  |  |  |
| Email(s):                    |  |  |  |

|                |  |  |  |
|----------------|--|--|--|
| Cell Phone(s): |  |  |  |
|----------------|--|--|--|

|   |                 |                             |
|---|-----------------|-----------------------------|
| Proposed Program Title:                   |                 |                             |
| Course Number(s):                         | Course Name(s): | Course Units/Contact Hours: |
|   |                 | /                           |
|   |                 | /                           |
|   |                 | /                           |
| Program Location (Base City and Country): |                 |                             |
| Estimated arrival and departure dates:    |                 |                             |
| Total number of days abroad (away):       |                 |                             |

|                                |  |
|--------------------------------|--|
| Education Vendor Contact Info: |  |
| Name:                          |  |
| Street Address:                |  |
| City, Country, Country Code:   |  |
| Contact Name(s):               |  |
| Contact Phone(s):              |  |
| Website:                       |  |

**Proposed Vendor Contract must be attached to this Application.**

*(Please attach more sheets if necessary.)*

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| <b>I. PROGRAM DESCRIPTION</b>  |
| Describe your proposed study away program, the DVC course(s) to be taught, and the benefits to the target student audience, including how the program aligns with DVC's strategic directions. Your answer should address in detail how you will incorporate the location into your course (i.e., hands on learning, museum visits, local guides/lectures, participation in community service). (Approximately 500 words) In addition, attach a draft syllabus with a tentative schedule of activities. |
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| <b>II. ASSESSMENT AND EVALUATION</b>   |
| Identify two assignments that you will develop (e.g., research paper, oral presentation, fieldwork, annotated bibliography) for students to demonstrate their ability to meet at least one of the course SLO's and 1-2 global learning outcomes (refer to the modified AACU Global Student Learning Outcomes attached). (Approximately 250 words). |
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**III. RECRUITMENT AND MARKETING PLAN**

Describe specific activities you would propose and execute for successful student recruitment. Your response should indicate the characteristics of the students the recruitment will target. (Approximately 100 words).

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Do you agree to share your application with other applicants?

Faculty signature indicates agreement to the following:

- The program may be cancelled for insufficient enrollment.
- Compensation provided by DVC is for course load only.
- The faculty member and the vendor may reach additional agreements with regard to compensation.

| Name(s): | Signature(s): | Date: |
|----------|---------------|-------|
|          |               |       |
|          |               |       |
|          |               |       |

**Department/Program Chair Recommendation**

I have read the STASAP proposal and discussed the course offering with the faculty member(s) and agree:

- The proposed course is within the applicant’s field of competence.
- The course SLOs are appropriate given the proposed location of the program.
- The department is willing to commit the load to this program.

|                                |                  |             |
|--------------------------------|------------------|-------------|
|                                |                  |             |
| <i>Department Chair’s Name</i> | <i>Signature</i> | <i>Date</i> |
|                                |                  |             |
| <i>Department Chair’s Name</i> | <i>Signature</i> | <i>Date</i> |
|                                |                  |             |
| <i>Department Chair’s Name</i> | <i>Signature</i> | <i>Date</i> |

**Division Dean Approval**

I approve the Department Chair’s recommendation.

|                    |                  |             |
|--------------------|------------------|-------------|
|                    |                  |             |
| <i>Dean’s Name</i> | <i>Signature</i> | <i>Date</i> |

I approve the Department Chair’s recommendation.

|                    |                  |             |
|--------------------|------------------|-------------|
|                    |                  |             |
| <i>Dean’s Name</i> | <i>Signature</i> | <i>Date</i> |

I approve the Department Chair’s recommendation.

|                    |                  |             |
|--------------------|------------------|-------------|
|                    |                  |             |
| <i>Dean’s Name</i> | <i>Signature</i> | <i>Date</i> |

**STASAP Work Group**

We have reviewed the travel logistics proposed for this DVC Study Away experience and find the arrangements to be cost and location appropriate. We have discussed the responsibilities of program enrollment, participation and financial requirements with the faculty member and support this program.

|                                       |                  |             |
|---------------------------------------|------------------|-------------|
|                                       |                  |             |
| <i>STASAP Work Group Chair’s Name</i> | <i>Signature</i> | <i>Date</i> |

**Vice President of Instruction Final Approval**

This program is approved.

|   |                  |             |
|---|------------------|-------------|
|   |                  |             |
| <i>Vice President of Instruction's Name</i> | <i>Signature</i> | <i>Date</i> |

**Vice President of Business Services Final Approval**

This program is approved.

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|--|------------------|-------------|
|  |                  |             |
| <i>Vice President of Business Services' Name</i> | <i>Signature</i> | <i>Date</i> |