HIU-Administered Off Campus Study or Missions Trip Proposal Form

Instructions for Completion

All HIU staff and faculty wishing to create a new HIU-Administered/Faculty-led Off Campus program (including Study Abroad and Missions Trips- excluding class related Field trips) must have a completed approval form on file.

The approval process is complete once you have secured the required signatures and submitted the completed form to the ISP Office. Programs should not be advertised or promoted to students until they are approved, via full completion and sign off on this form as indicated. Forms are due no later than 6 months prior to the initial date of the trip.

Students are required to complete the HIU-Administered Off Campus Study or Missions Trip Student Approval Form) no later than 3 months prior to the initial date of the trip.

Trip Organizer Information

Name(s): ___________________________________________ Position(s): __________________________

E-mail: ________________________________________________________________

Phone: ________________________________________________________________

Trip Information

☐ Attach Proposed Budget
☐ Attach Proposed Trip Itinerary

Purpose of Trip: (Check One) ☐ Study Abroad ☐ Missions Trip

Name of the Program: ______________________________________________________

Location of the Program: __________________________________________________

Expected Dates of the Trip: ________________________________________________

Trip Occurrence: (Check One) ☐ One-Time ☐ Annually ☐ Other (Specify): __________________________

Cost of the Trip for Students: ______________________________________________

Payment Due Dates/Payment Schedule (Attach If Necessary): _______________________

________________________________________________________

How Many Students are Expected to Participate: ____________________________

Minimum # of Students Required for Trip: _________________________________

Deadline for Students to Commit (Non-refundable): __________________________

Host Institution Information (If Applicable):

Institution Name: _______________________________________________________

Contact Name: ___________________________ Phone: _______________________

E-mail: ___________________________ Fax: _______________________

**If a Missions trip, you may skip the Study Abroad section and collect the necessary signatures.**
Study Abroad Information

Teaching Professor(s): ________________________________________________________________

Proposed Course Title: ______________________________________________________________________________________________________________

Is this an Existing Course? (Check One) □ Yes □ No

Course Description: ______________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Requested Course Level: (Check One) □ 1000 □ 2000 □ 3000 □ 4000 □ 5000 □ 6000 □ 7000

# of Units: ____________

Effective Term Date: Fall _________  Year  Spring _________  Year

Placement (ex: Major, Elective, Humanities etc.): ______________________________________________

Approval Signatures

VP for Student Affairs ___________________________ Date ___________________________

VP for Academic Affairs (Study Abroad Programs only) ___________________________ Date ___________________________

Dean’s Signature (Study Abroad Programs only) ___________________________ Date ___________________________

Registrar Office Use

□ Course List Updated
□ Notice Sent
□ Course Equivalency Verified
□ Course Added to Paper Audit
□ Course Added to Program Version/AOS

Registrar Signature ____________________________________________

Business Office Use

□ GL Set-up
□ Inform Cashier
□ Trip Insurance
□ Health Insurance
□ Trip Arrangements

VP for Business and Finance Signature ____________________________________________

VP for Business and Finance Signature ___________________________ Date ___________________________