Whittier College
Study Travel Course - Notification and Approval Form
(For Existing Faculty-Led Study Travel Courses)

Course Title: _________________________________________________________________

Term/Dates of course: __________________________________________________________

If course is a pair, indicate the desired term pairing: Fall/Jan term □ Spring/Summer □

Course prerequisites (if any): __________________________________________________

Non-Whittier Students and non-student participants may be permitted to participate in this course. Please consider this when determining course prerequisites.

Will the course travel to a new location/to new locations? □ Yes □ No

If yes, please list the new location(s):
____________________________________________________________________________

Faculty #1 (Lead): ___________________________ Department __________________________

Will you teach this course □ On-Load? □ Off-Load?

Please note, May Term faculty-led courses may only be taught off-load.

a. If you are teaching this course on-load during Jan Term, has this course replaced a course you would normally teach on campus? □ Yes □ No
b. If “Yes,” how have you determined with your Department Chair to resolve this scheduling matter for the relevant academic year? Please choose one:
   □ I will teach the replaced course during __ Fall Term __ Spring Term 20________
   □ Another professor will teach the replaced course. Professor’s name:
   ________________________________________________________________
   □ Other solution: ___________________________________________________________________

Department Chairperson’s Signature: ___________________________ Date: __________________

Faculty #2: ___________________________ Department __________________________
(If student group will enroll at least 20 people)

Will you teach this course □ On-Load? □ Off-Load?

Please note, May Term faculty-led courses may only be taught off-load.

a. If you are teaching this course on-load during Jan Term, has this course replaced a course you would normally teach on campus? □ Yes □ No
b. If “Yes,” how have you determined with your Department Chair to resolve this scheduling matter for the relevant academic year? Please choose one:
   □ I will teach the replaced course during __ Fall Term __ Spring Term 20________
   □ Another professor will teach the replaced course. Professor’s name:
   ________________________________________________________________
   □ Other solution: ___________________________________________________________________

Department Chairperson’s Signature: ___________________________ Date: __________________
By signing my name below, I agree that, except in the case of an emergency, I am obligated to lead the proposed faculty-led course, if 1) the course is approved by all required parties; 2) the course meets minimum enrollment requirements or is deemed financially viable, should the enrollment fall under the stated minimum enrollment number; and 3) the applicants meet eligibility requirements.

<table>
<thead>
<tr>
<th>Lead Faculty Signature</th>
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<tr>
<td>Co-Leader Signature</td>
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For Dean’s Office Use (All courses):

☐ The proposed Faculty-Led Study Abroad course is approved for the term indicated above.

☐ The proposed Faculty-Led Study Abroad course is not approved at this time. Please contact me to discuss the following:

Dean’s Signature ___________________________ Date: ______________________

CC: Fritz Smith