

UNIVERSITY OF CALIFORNIA, RIVERSIDE  
SUMMER TRAVEL STUDY  
**PROPOSAL SUBMISSION FORM**  
**DEADLINE: September 15, 2008**

Please print out this form, complete it and submit it via campus mail to the  
Summer Sessions Office, 326 UNEX Building. Thank you.

**Faculty**

Instructor Name: \_\_\_\_\_

Instructor Title: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Program**

Descriptive Program Title: \_\_\_\_\_

*(for inclusion in promotional materials)*

Proposed Program Dates:  June 22 – July 25, 2009 (Summer Session I)  
 July 27 – August 29, 2009 (Summer Session II)

Proposed Program Location: \_\_\_\_\_

*(country, city)*

Describe your experience with the proposed program location. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Guest Speaker** *(Please provide the name of any individual whom you would like to invite as a local guest speaker.)*

\_\_\_\_\_ Suggested Honorarium \$ \_\_\_\_\_

\_\_\_\_\_ Suggested Honorarium \$ \_\_\_\_\_

\_\_\_\_\_ Suggested Honorarium \$ \_\_\_\_\_

**Courses** *(Please attach sample syllabi for the following courses.)*

	<b>COURSE ONE (4+ units)</b>	<b>COURSE TWO (4+ units)</b>
<b>Course Subject Code</b> <i>(Example: HIS, ART, RLST, etc.)</i>	_____	_____
<b>Course Call Number</b> <i>(Example: 11704)</i>	_____	_____

*(Courses listed must be in the UC Riverside General Catalog for consideration. A 190 course may be considered in combination with another 4-unit course.)*

What are the advantages of teaching these courses at the proposed location?

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What are some field study opportunities for the students at the proposed location?

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Give a brief description of the Institution and its location.

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## Classroom Location Information

Classroom Location: \_\_\_\_\_  
(Name of Institution)

Is there a fee for classroom use? \*  NO  YES How much? \_\_\_\_\_

Is there a fee for service/  
equipment usage? \*  NO  YES How much? \_\_\_\_\_

\*If you are unable to provide answers to these questions, please provide contact information for the Institution so that we may obtain this information. \_\_\_\_\_  
\_\_\_\_\_

## Student Accommodation Information

Accommodation Location for Students\*: \_\_\_\_\_

Cost of lodging per person (per night/week/5-week session)\*: \_\_\_\_\_

Are meals included?

Breakfast	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> M-F	<input type="checkbox"/> 7 DAYS/WEEK
Lunch	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> M-F	<input type="checkbox"/> 7 DAYS/WEEK
Dinner	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> M-F	<input type="checkbox"/> 7 DAYS/WEEK

If all meals are not included in the lodging price, please provide an estimated cost:

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

\*If you are unable to provide answers to these questions, please provide contact information for the Institution so that we may obtain this information. \_\_\_\_\_  
\_\_\_\_\_

Please provide a description of the student accommodation location, its proximity to the classroom, and nearby food/shopping outlets. \_\_\_\_\_  
\_\_\_\_\_

## Marketing

Please provide contact information for any group, student organizations, etc. who would be interested in this program. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

*Thank you for your submission*