

AY27 Faculty-Led Program Proposals Instructions

Instructions:

Submit completed proposal packet with required supporting documentation to kumja020@tamuk.edu once required signatures have been received from appropriate chair and dean to finalize the approval process.

Completed Proposal Packet Checklist:

- AY2026-2027 Program Proposal Application with required signatures.
- Academic course syllabi's in the [faculty-led program course syllabi template](#) format.
- Any quotes or cost proposals for services included in the program budget that will be provided by a vendor.
Only campus representatives with the President's Delegation of Authority can sign contracts on behalf of the university.

Proposal Review & Approval Process:

1. Proposal packets will require the faculty, their department chair, and college dean's signature prior to initiating the process for final authorization and approval by university administration.
2. Submitted packets will be reviewed by the Proposal Review Team and receive their recommendation to university administration for final approval of the submitted proposal. The team is responsible for ensuring that the proposed program meets the following policies and procedures:
 - [TAC Chapter 4, Subchapter Q, 4.270-4.279](#)
 - [THECB Standards for New Out-of-State and Out-of-Country Courses](#)
 - [Texas A&M University System Disbursement of Funds 21.01.03](#)
 - [Texas A&M University System Travel Rule 13.04](#)
 - [Texas A&M University-Kingsville Credit Hours and Shortened Courses 11.03.99.K1](#)
 - [Texas A&M University-Kingsville Student Travel Rule 13.04.99.K1](#)
 - [Texas A&M University-Kingsville High Risk Global Engagements and High Risk International Collaborations 15.05.04.K1](#)
3. Recommended program proposals will have their packets routed through the following approval path:
 - Division Approval: Provost's signature required for approval of the program's justification to teach the academic course off-campus per THECB Standards for Out-of-State and Out-of-Country Courses.
 - University Approval: President's signature required for approval of the program cost to be assessed and collected from students per [TAMU System Policy 26.01 Tuition and Fees](#).
4. Notifications will be sent to the faculty, the chair and dean once a proposal has received final authorization and approval by university administration.
5. Approved programs will be published and open for applications in the Via Global portal along with the academic course offering being uploaded in Blue & Gold.

I. PROGRAM FACULTY INFORMATION

The information required in this section is related to the various faculty roles within a proposed faculty-led program. The primary faculty leader will be the main contact for the proposal and responsible for leading the program throughout the implementation process, if approved. An alternative faculty leader is required to be identified for every program unless the approved proposal included a faculty co-leader.

1. Full Name & Title: _____ 2. TAMUK ID: K00 _____
3. TAMUK Email: _____ 4. Tel. #: _____
5. Academic Department/College: _____

6. Do you, as the primary faculty leader, have any previous experience leading an academic program, field trip, or any other university sponsored event where overnight student travel was involved? Yes No
If yes, describe your experience leading a study away program including dates, location(s) and number of students that traveled.

7. Have you, as the primary faculty leader, been issued a university travel card that will be valid for use during the proposed program dates? Yes No

8. Do you, as the primary faculty leader, have an already issued passport that will be valid for travel during the proposed program dates? Yes *No

*If no, when you expect to apply for a valid passport to secure your ability to travel or briefly explain why a valid passport is not necessary to travel for this proposed faculty-led program.

9. Select if either an alternative faculty member or an approved faculty co-leader has been identified that is qualified to take over your responsibilities as primary faculty leader should you be no longer able to fulfill those duties: Alternative Faculty Leader Approved Faculty Co-Leader

Full Name & Title: _____ TAMUK ID: K00 _____
TAMUK Email: _____ Tel. #: _____
Academic Department/College: _____

10. Please provide justification for the selection of the above proposed faculty including any experience they have for the selected program destination(s), expert knowledge of the proposed academic course content, or any additional benefits they would bring to the program through their selected role.

End of Section - Complete the Next Section Below to Continue the Submission Process

II. ACADEMIC COURSE(S) INFORMATION

The information required in this section provides details about the selected academic course offering(s) to ensure THECB Standards for Out-of-State and Out-of-Country Courses are met by the proposed faculty-led program for the assessment of off-campus academic credit.

1. Course Subject: _____
(Ex: HIST)

2. Course Number: _____
(Ex: 4999/5999)

3. Semester Credit Hours: _____
(Ex: 3 SCH)

4. Course Title: _____
All topic course titles are required to reflect the instructional content within the academic syllabus and being with the abbreviated topics course category. Ex: T/ST/AT/RT/ART: [Updated Course Title]

5. Per THECB standards, have you verified that the proposed academic course is currently published as an active course offering for your department in the 2026-2027 university catalog? Yes No

6. Will you as the primary faculty leader also be listed as the Faculty of Record for the proposed academic course? Yes No

Alternative Faculty of Record Name: _____ TAMUK ID: K00 _____

Brief Explanation for Alternative Faculty of Record:

7. Please select how the instructional activity for the proposed academic course will be taught to students attending the program:

OFF-CAMPUS: A study abroad/study away course in which 100 percent of the instructional activity, primarily delivered to regular on-campus students, that takes place off-campus either outside of Texas or the United States, and/or in combination with the formal educational process occurring when students and instructors are not in the same physical setting. Requirements for on-campus or in-person orientation, testing academic support services, internships/fieldwork, or other non-instructional activities do not exclude a course from this category.

HYBRID: A study abroad/study away course in which less than 85 percent of the instructional activity, primarily delivered to regular on-campus students, takes place off-campus either outside of Texas or the United States, and in combination with the remaining percentage of the instructional activity occurring with the student(s) and instructor(s) are in the same physical location on-campus.

On-Campus Meeting Days/Times/Location: _____

8. Will the program include a second credit-bearing academic course offering in addition to the one listed above? Yes No If yes, please complete the below information:

Course Subject: _____ Course Number: _____ Semester Credit Hours: _____

Course Title: _____

Faculty of Record: _____ TAMUK ID: K00 _____

End of Section - Complete the Next Section Below to Continue the Submission Process

III. PROGRAM GENERAL INFORMATION

The information required in this section provides a general overview of the proposed faculty-led program for the primary faculty leader to justify the selection of the proposed program's destination(s) to meet THECB standards for Out-of-State and Out-of-Country Courses and to assess any preliminary risks.

1. Program Offering Type: _____ 2. Program Offering Schedule: _____

3. Proposed academic term for the program to be held: _____

4. List the proposed out-of-state or out-of-country destination(s) to be visited during the program:

5. What is the current DOS Travel Advisory Level for the proposed destination(s): _____

6. Identify below any known risks associated with the proposed destination(s) and describe how you as the primary faculty leader plan to address them.

5. Program Departure Date: _____ Program Return Date: _____

6. Number of days expected to be spent in the proposed destination(s): _____

7. As the primary faculty leader, briefly describe your current level of knowledge and travel experience with the proposed destination(s):

8. Per THECB standards, explain how the proposed destination(s) aligns and enhances the student learning outcomes for the selected academic course. Include the academic, cultural, and/or other resources provided by the propose destination(s) not available to an on-campus course and how you plan to assess those outcomes.

9. How does the proposed destination(s) aligns and enhances the marketable skills gained by students from the selected bearing academic course being held in the proposed destination(s) and how are you planning to access those outcomes?

10. Briefly describe the activities/excursions planned for students to participate in at the proposed destination(s) including any activities/excursions that would be considered high risk.

IV. PROGRAM LOGISTICS INFORMATION

The information required in this section provides the specifications of the logistical arrangements to be made for the proposed faculty-led program to identify the responsible parties and ensure Texas A&M University System best practices are met.

1. Select the primary person(s) responsible for securing the logistical arrangements of the proposed faculty-led program (select all that apply):

Faculty Leader In-Country University Partner Study Abroad Provider

2. Select which services will be included in the budget for the proposed program and who will be responsible for securing their logistics:

Standard Services	Included in Program	Responsible for Arrangements	Budgeted Program Expense
Airfare			
Accommodations			
Student Meals			
In-country transportation			
Classroom/Lecture Space			
Excursions			

3. Briefly describe your vetting process to ensure adequate logistical arrangements are made to meet university safety standards and contractual requirements:

4. If using an in-country university partner or study abroad program provider, please fill out the information below:

Name of institution/provider: _____

Contact Person's name and email: _____

Web address (if any): _____

Logistical Services to be provided (select all that apply): _____

Have you worked with this vendor before? Yes No If yes, when: _____

Do they have an active agreement (moa or vendor contract) on file with TAMUK? Yes No

5. If using an additional provider, please include all the above information about that provider below:

VII. PROGRAM BUDGET INFORMATION

In this section, the primary faculty leader will use the budget template below to calculate the total charge for the individual student program cost based on the targeted enrollment number established in the section above. Please include a copy of the quote or cost proposal for each expense along with the submission of this application.

Target Enrollment Number:

(default 10 UG and 5 G)

Total Program Budget:

(Total Program Cost X Target Enrollment)

I. Individual Student Expenses	
Program Provider Fee, <i>if applicable</i>	
<i>Student expenses for direct vendor services:</i>	
Round-Trip Airfare	
Lodging	
Group Meals	
Excursions - <i>cultural visits, entrance fees, tours, etc.</i>	
On-site Transportation - <i>airfare, taxis, uber, bus, train, etc.</i>	
Contingency Plan - <i>minimum recommended \$50</i>	
Cost for Faculty per Student - <i>total faculty expense divided by target enrollment #</i>	
<i>Other included expenses, if applicable:</i>	
Airport Transportation - <i>if traveling outside of CCIA and/or meeting point not airport</i>	
Travel Visa for International Destination(s)	
Student Incidentals	
Subtotal:	
Department/Grants/Donations Contribution (if any):	
Total Program Cost per Student:	

II. Faculty Expenses	
Program Provider Fee, <i>if applicable</i>	
<i>Faculty expenses for direct vendor services:</i>	
Round-Trip Airfare	
Lodging	
Group Meals - <i>only include faculty meals if dining with students</i>	
Excursions - <i>cultural visits, entrance fees, tours, guest speakers, etc.</i>	
On-site Transportation - <i>airfare, taxis, uber, bus, train, etc.</i>	
Emburse Fees - <i>estimated \$10 total</i>	
<i>Other included expenses, if applicable:</i>	
Airport Parking for personal vehicle	
Travel Visa for International Destination(s)	
Faculty Incidentals	
Subtotal:	
Department/Grants/Donations Contribution (if any):	
Total Faculty Expenses:	

End of Section - Complete the Next Section Below to Continue the Submission Process

VIII. ACKNOWLEDGEMENT & CERTIFICATIONS

FACULTY LEADER

I certify that the proposed faculty-led program included in this application meets all policies and procedures as issued by the State of Texas, Texas Higher Education Coordinating Board (THECB), Texas A&M University System and Texas A&M University-Kingsville for off-campus credit bearing academic courses.

I certify that I have reviewed the Faculty Responsibilities for Faculty-Led Programs and will abide by the policies: https://www.tamuk.edu/globalprograms/campus-resources/faculty-resources/program_responsibilities.html

I certify that all efforts were made to keep the program costs, including faculty expenses, at a minimum and all listed expenses included in the proposal application follow TAMU System's policy regarding best value purchases.

By signing below, I acknowledge that I understand the expectations and responsibilities of a Texas A&M University-Kingsville Faculty Leader and agree to follow the policies and procedures should this proposal be approved.

Signature: _____

SPONSORING DEPARTMENT

Academic departments are responsible for reviewing and endorsing all components of the proposed program including course subject matter, instructional delivery methods, faculty workloads and syllabus(i).

Department Chair

I certify that the selected destination(s) and listed co-curricular activities for this proposed program are applicable to the selected academic course offering listed on this proposal.

I certify that the listed course information (course prefix, course number, contact hours) for the selected academic course offering is correct.

I certify that the course syllabus included in this proposal meets departmental and university standards.

I certify that the listed faculty of record is eligible to teach the selected academic course offering and will be assigned a workload percentage on the department's faculty workload reports to the college for teaching this proposed program once registration requirements are confirmed.

By signing below, I certify that this faculty-led program proposal packet has been reviewed and endorsed by the department to request final approval for AY 2026-2027.

Signature: _____

SPONSORING COLLEGE

Academic colleges are responsible for the final review and approval of the faculty-led program proposal including course offering authorization and certification of faculty pay.

Academic Dean

I certify the college's responsibility to pay the faculty member's salary should this faculty-led program meet the targeted number of enrollments or minimum number of enrollments for it to run.

By signing below, I certify that this faculty-led program proposal meets all college standards and is endorsed by the college to request final approval for AY 2026-2027.

Signature: _____

End of Proposal Application - Submit to Global Engagement for Processing

SECTION FOR INTERNAL PROCESSING ONLY

AY 2026-2027 Faculty-Led Program Proposal Application Score Card

Scoring Key		Program Proposal Review Date: _____
5	-- Exceptional (No Revisions Necessary)	Proposal Team Reviewer: _____
4	-- Very Satisfactory (No Revisions Necessary)	Overall Score: _____
3	-- Satisfactory (No Revisions Necessary)	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
2	-- Needs Improvement (Needs Minor Revisions)	
1	-- Unsatisfactory (Needs Major Revisions)	
Overall Proposal Review		Selected Score
1	Proposal describes a well-articulated program that meets THECB's standards for hosting an academic course off-campus.	
2	Proposal effectively demonstrates how program aligns to the student learning outcomes for the selected academic course offering and would result in enhancing the development of students' skills, knowledge, and career preparedness.	
3	Proposal has a sound management plan, structure, and approach to ensure program effectiveness and efficiency to achieve maximum benefits and results.	
4	Proposal outlines relevant budget that will sufficiently support the proposed program's activities.	
5	Proposal effectively demonstrates how the faculty will attain the targeted minimum students' enrollment.	
		Total Score
Reviewer Comments:		

DIVISION OF ACADEMIC AFFAIRS

Dean of Undergraduate Studies – Office of Global Engagement

By signing below, I confirm that this faculty-led program proposal meets all university, system, and state standards and recommend final approval be granted for the proposed academic course to be taught off-campus as a faculty-led program during AY 2026-2027.

Signature: _____

Provost

By signing below, I certify my review of this faculty-led program proposal and grant the proposed academic course my approval to be taught off-campus as a faculty-led program during AY 2026-2027.

Signature: _____



Faculty-Led Study Abroad Program Fee Assessment Request

Per TAMUS Policy 26.01, Global Engagement is required to request administrative approval each academic year for the assessment of any Study Abroad Fees to registered students attending a faculty-led program.

The Study Abroad Fee covers the individual student expenses related to the operation of the program and is placed as a charge on the student’s account with the university for the term that the program is held.

I. AY 26-27 FACULTY-LED PROGRAM REVIEW

Below is the college approved faculty-led study abroad program to be held during the _____ semester.

#	Destination	Dept	Course #	Course Title	Program Cost	Study Abroad Fee*
1						

**Study Abroad Fee includes the Program Cost and remaining \$200 non-refundable Application Fee to be paid by students*

II. APPROVALS & SIGNATURES

DIVISION OF FINANCE

By signing below, the above fee assessment request has been reviewed and is supported by the Office of Financial Services.

CFO or Authorized Representative’s Signature

Date

DIVISION OF ACADMIC AFFAIRS

By signing below, the above fee assessment request has been reviewed and is supported by the Office of Academic Affairs.

Provost or Authorized Representative’s Signature

Date

OFFICE OF THE PRESIDENT

By signing below, the above fee assessment request has been reviewed and approved by the Office of the President.

President or Authorized Representative’s Signature

Date