

Faculty-Led Programs – Partner Information Form

Thank you for your interest in collaborating with **Unicollege**. This form is designed to support the development of a **custom Faculty-Led program**, tailored to your academic objectives and institutional requirements.

Unicollege is an **Italian accredited institution** and a **recognized reference point for Faculty-Led programs**, with our model and practices presented on international stages such as **NAFSA**. The information collected will allow us to prepare a **bespoke proposal** aligned with your curriculum, timelines, and compliance needs. All fields may be considered **provisional** and refined collaboratively.

We look forward to working with you to create a meaningful academic experience in Italy.

** Indica una domanda obbligatoria*

1. Name of Institution *

2. City and State *

3. Name of Study Abroad Contact (Home University) *

4. Email Address *

5. Name of Instructor(s) Promoting the Program (if applicable) *

6. Department(s) *

7. Provisional or Final Course/Program Title *

8. Course Level (if applicable) *

Seleziona tutte le voci applicabili.

Pre-college

Undergraduate

Post-graduate

Altro: _____

9. Program Type *

Contrassegna solo un ovale.

BA

MA

PhD

Altro:

10. Intended Semester or Period and Year (e.g., Spring 2027) *

11. Unicollege campus(es)

(Multiple selections allowed for multi-campus programs or if undecided; final selection will be confirmed at a later stage).

Seleziona tutte le voci applicabili.

- Florence
- Mantua
- Milan
- Turin

12. If the program includes multiple cities (including or beyond Unicollege campus locations), please indicate the additional cities.

13. If cities other than Unicollege campus locations are listed (for visits or overnight stays, excluding airport connections), and a provisional or finalized program is available, please upload the relevant documentation here.

File inviati:

14. Extent of Date Flexibility *

Seleziona tutte le voci applicabili.

- Very flexible (the program can be fully moved within the indicated year)
- Moderately flexible (the program can be moved within the indicated year, by 3-6 months upon mutual agreement)
- Must stick to dates

15. Intended / Provisional Number of Days Abroad (provisional dates) *

16. Provisional Number of Expected Students (approximate range) *

17. Minimum Number of Participating Students for Program Activation *

18. Provisional Number of Expected Instructors *

19. Provisional Number of Expected Coordinators (if applicable)

20. Number and Title of Other Participants (if applicable)

21. Faculty-Led Teaching Model *

Seleziona tutte le voci applicabili.

- Entirely taught by instructor(s) from the home university
 Co-taught between Unicollege and the partner university
 Entirely taught by Unicollege instructors

22. Total Number of Teaching Hours (during the Faculty-led component) *

23. If co-taught or taught by Unicollege, indicate requested teaching hours

24. Number of Teaching Days/Week (Monday > Thursday **or** Monday > Friday) *

25. Ideal Number of Teaching Hours/Day *

26. Preferred Housing Option

NB: Housing availability may be affected by peak seasons and preparation timelines. Unicollege will make every reasonable effort to accommodate all requests; however, adjustments may be necessary due to peak periods, overbooking, or specific requests. Any changes will be promptly communicated and must be approved by both parties.

Contrassegna solo un ovale.

- On-campus
- Off-campus
- Hybrid (on-campus + off-campus)

27. Preferred Room Assignment (Students)

NB: Faculty members and coordinators are usually allocated single rooms. For other arrangements, please specify below:

Contrassegna solo un ovale.

- Single rooms
- Double rooms
- Triple rooms
- Flexible – all options considered

28. Additional Housing Notes

29. Airport Pickup *

Seleziona tutte le voci applicabili.

- Yes
- No

30. If yes, preferred pickup method

Seleziona tutte le voci applicabili.

- Public transport (cheaper solution)
- Private transfer (additional fees may apply)

31. If known, please indicate the arrival and/or departure airport cities.

32. Airport Drop-off *

Seleziona tutte le voci applicabili.

Yes

No

33. If yes, preferred drop-off method

Contrassegna solo un ovale.

Public transport (cheaper solution)

Private transfer (additional fees may apply)

34. Breakfast Included *

Seleziona tutte le voci applicabili.

Yes

No

35. Meal Plan *

Seleziona tutte le voci applicabili.

Yes

No

36. If yes, number of expected courses per meal (usually 1 meal = 1 main course + drink and can be customized)

37. Number of meals per day to be included in the quote *

(Meals provided free of charge or paid directly by students should not be included.)

38. Insurance (basic coverage)

NB: Insurance is intended as basic coverage. Additional customizations may be requested and could incur additional fees.

Seleziona tutte le voci applicabili.

Yes

No

39. Public Transportation Plan *

Seleziona tutte le voci applicabili.

Yes

No

40. If known, please indicate the format (weekly, monthly, whole stay, other)

41. Provisional Ideal Budget (ranges can be used) *

42. Coverage of Instructor and/or Coordinator Costs *

Please indicate how instructor and/or coordinator costs will be covered

Seleziona tutte le voci applicabili.

Covered separately (not included in participant fees)

Distributed across participant fees

Altro: _____

43. Any allowance to be included for instructors, coordinators, or accompanying staff (e.g., flight allowance)?

If applicable, please indicate the amount. Any allowance will be charged to the paying institution or distributed across student fees, in accordance with the selected cost coverage option (previous answer).

44. Is there an administrative fee to be remitted to the home institution (Unicollege → Home Institution)?

Seleziona tutte le voci applicabili.

Yes

No

45. If yes, please specify the amount:

46. Is your institution a Title IV–eligible institution? *

(Title IV institutions participate in U.S. federal student financial aid programs.)

Seleziona tutte le voci applicabili.

- Yes
- No

47. If yes, does your institution require additional documentation from Unicollege for coordination between financial aid offices in order for the Faculty-Led Program to be covered by Title IV financial aid at the home institution?

Seleziona tutte le voci applicabili.

- Yes
- No

48. Cultural & Educational Activities

Please describe all expected cultural activities (e.g., field trips, guided tours, academic vis social activities).

49. Expected date to receive the program quote (maximum deadline) *

Esempio: 7 gennaio 2019

50. Expected date to confirm the Faculty-Led program (if not yet determined, an approximate timeframe is sufficient)

Esempio: 7 gennaio 2019

51. Does the home institution apply specific cancellation policies (e.g. withdrawal, late cancellation) that are proposed for this Faculty-Led program and to be subsequently agreed upon by both institutions?

Seleziona tutte le voci applicabili.

Yes

No

52. If yes, please provide details or attach the relevant policy documentation

File inviati:

53. Any additional documentation to be considered as complementary material for finalizing the quote

File inviati:

Questi contenuti non sono creati né avallati da Google.

Google Moduli

