

## Virtual GLO: Collaborative Online International Learning (COIL) Proposal Form

This form is for faculty wishing to lead a Virtual GLO/COIL project during a single semester. Faculty selected will receive 4.5 hour release during the semester in which the Virtual GLO/COIL takes place. Before completing this form, please review the [Virtual GLO/COIL Framework](#) and [FAQ](#).

### **1) FACULTY INFORMATION AND LOGISTICS**

#### **1) Faculty Information**

Full Name	
Extension	
Email	
School/Department	
Program	
Title/Position	

#### **2) In what course and program do you wish to embed the Virtual GLO/COIL?**

Course	
Program	
Level/Year of Study/Semester of the Program	

#### **3) Have you identified a partner abroad?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – I would like assistance in identifying a partner

#### **4) If yes, please identify the partner.**

Name	
Title	
Email	
Institution	
City and Country	
Website	

#### **5) How did you select the partner? Describe your relationship with the partner.**

**6) Number of Student Participants at Mohawk College**

Approximately how many students would participate in this experience from your course?	
If a subset of a class will participate, how will you select the students to participate?	

**7) Length of Virtual GLO/COIL**

If you know the number of weeks or the proposed dates for the Virtual GLO/COIL please specify.

**2) Virtual GLO/COIL DETAILS**

**1) Overview of Virtual GLO/COIL Project**

Provide a high-level description of the Virtual GLO/COIL project you wish to lead. Include: learning activities, synchronous/asynchronous activity types, assessments, etc. (Max. 500 words)

**2) Learning Outcomes for the Virtual GLO/COIL and how they will be assessed (3-5), if known.**

Learning Outcomes	Assessment(s)


### 3) Global Competencies

All Virtual GLO/COIL projects must contribute to at least one of the global competencies listed below. Which global competency/competencies will be achieved via this global learning experience? Select at least one.

- Cultural Self-Awareness:** Demonstrate self-awareness within the context of global communities. Describe how the experiences, perceptions, practices, and behaviour of people from around the world may differ from one’s own.
  
- Intercultural Communication & Adaptability:** Adapt behaviour and communication style within multi-cultural environments to function effectively in group/teamwork, employment, community, and global contexts.
  
- Global Perspectives:** Demonstrate ability to understand and appreciate multiple world perspectives. Identify how one’s field of study may be practiced differently worldwide.
  
- Global Engagement & Responsibility:** Demonstrate understanding of ethical, social, and environmental issues in local and global systems and culturally diverse populations. Show how action can be taken toward positive change.

How will the global competency/competencies be achieved? Describe the activities that will enable this. (3-5 sentences)

**4) Benefits of the Virtual GLO/COIL for students and added value**

How will the student Virtual GLO/COIL participants benefit from the global nature of the experience? How does the global nature of the Virtual GLO/COIL add value to the learning experience? (3-5 sentences)

**5) United Nations Sustainable Development Goals**

Describe how the experience will contribute to the achievement of 1-2 of the United Nations Sustainable Development Goals. (3-5 sentences)

### **3) SIGNATURES OF APPROVAL**

#### **Applicant**

By signing below, I acknowledge that I have read and reviewed the [Virtual GLO/COIL Framework](#) and [Virtual GLO/COIL Frequently Asked Questions](#) and that I will complete the Requirements as outlined in the Virtual GLO/COIL Framework.

Name of Applicant	
Signature	
Date	

#### **Operations Manager or equivalent**

By signing below, I acknowledge that this application has been reviewed for accuracy and compliance with College financial policies and procedures.

Name of Operations Manager or equivalent	
Signature	
Date	

#### **Associate Dean or equivalent**

By signing below, I acknowledge that I have reviewed this application and approve this project should it be selected to be implemented.

Name of Associate Dean or equivalent	
Signature	
Date	

#### **Dean or equivalent**

By signing below, I acknowledge that I have reviewed this application and approve this project should it be selected to be implemented.

Name of Dean or equivalent	
Signature	
Date	

Once the above signatures have been obtained, please email this document to:  
[glo@mohawkcollege.ca](mailto:glo@mohawkcollege.ca)