

OFFICE OF
International Education

Please Return To OIE:
Office of International Education
Holthusen Hall, 4th floor
P.O. Box 1881
Milwaukee, WI 53201
michael.groen@marquette.edu

CONFIRMATION OF PLAN TO SHORTEN ACADEMIC PROGRAM FORM

If you will complete all program requirements before the end date listed on your I-20 Form, use this form to request a revision.

Please print the following information

Name (Last/Family, First, Middle) _____

MUID _____

College or Department _____ Major _____

Level of education Bachelor's Master's Doctorate DDS Other: _____

Beginning date for that level _____

Expected completion date originally certified by MU _____

New completion date _____

This section is to be completed by your Academic Advisor or the Director of Graduate Studies.

The student named above is requesting that the Office of International Education shorten the original length of their academic studies. This form is to certify that the student has discussed this plan with their adviser. Please complete the information requested below and return this form to the Office of International Education at your earliest convenience.

1. The student is expected to complete their full-time academic studies by the following date (month/year): _____

2. The students remaining requirements to complete this degree include:

Requirements/ Academic Activity	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____

Name (print) _____

Signature _____ Date _____

Telephone _____