



Established Education Abroad Non-Credit Continuation Form

Leaders of Established Education Abroad Non-Credit Programs may submit this form, a detailed itinerary and budget in place of a full program proposal. These items must be submitted to OIE by the [deadlines outlined in UPP 1-18](#) to indicate faculty intent to lead the program again in the upcoming year. All established programs, once approved, are subject to ongoing review and potential cancellation at the University's discretion and when current governmental and non-governmental advisories or recommendations warrant. Please see <http://www.marquette.edu/oie/partnerships/short-term-program-development.shtml> for further definition of an Established Education Abroad Program.

Name (First & Last): _____

University Dept.: _____ **Title:** _____

Program Name: _____

Departure Date: _____ **Return Date to U.S.:** _____

Preliminary Itinerary Attached

Please attach a detailed itinerary including: 1) Locations (cities, companies, sites of interest, etc.) to be visited 2) accommodation details 3) type of transportation (not including airfare from/to the U.S.) 4) daily overseas contact information (where you can be reached). This information will be used to assist you and/or contact you in the event of an emergency.

Budget Attached

Please attach a detailed budget following the OIE budget template available online at the link above.

If a student or employee report that they have been a victim of sexual harassment, discrimination or sexual misconduct, I understand that I have a duty to promptly report the relevant details to the Marquette University Police Department or Title IX Office. I understand that I am unable to promise confidentiality to the individual reporting the sexual harassment, discrimination or sexual misconduct.

Student Leader Signature
(if applicable): _____ **Date:** _____

Faculty/Staff Leader
Signature _____ **Date:** _____

Immediate Supervisor
Signature: _____ **Date:** _____

Dean/VP Signature: _____ **Date:** _____

Office use only	
OIE Director Signature: _____	Date: _____
Provost/V.P. Signature: _____	Date: _____
OIE Admin: Follow post-approval routing consistent with New Program Proposal Form	Date: _____