



Established Education Abroad Program Continuation Form

Leaders of Established Education Abroad 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.:** _____

Course Subject/Number (i.e. PHIL 4951): _____

Course Start Date: _____ **Course End Date:** _____

All required academic content, including travel dates, must be delivered within the chosen course dates, and all course dates must be within the appropriate term dates. Grades will be due the Tuesday following the chosen course end date.

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 in country 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.

Leader Signature: _____ **Date:** _____

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

Dean Signature: _____ **Date:** _____

Office use only	
Registrar Signature: _____	Date: _____
OIE Director Signature: _____	Date: _____
Provost/V.P. Signature: _____	Date: _____