



Established Credit-Bearing Education Abroad Continuation Form

Leaders of Established Credit-Bearing Education Abroad Programs may **submit this form, a detailed itinerary, budget, syllabus and description of any changes to the program since the last offering** in place of a full program proposal. These items must be submitted to OIE by the [established deadlines](#) 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 the [OIE website](#) for further definition of an Established Education Abroad Program.

Faculty Leader Name (First & Last): _____
University Unit or Dept.: _____

Program Name: _____

Departure Date: _____ **Date of return to U.S.:** _____

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

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

All required academic content, including travel, 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.

Updated Preliminary Itinerary Attached

Please attach a detailed itinerary including: 1) Locations (cities, companies, sites of interest, etc.) to be visited, including a map highlighting the cities to be visited and transportation routes to be used between cities. 2) Accommodation details (name and contact information of hotels) 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](#).

Syllabus Attached Please attach an updated syllabus.

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: _____