

Established Non-Credit Education Abroad Continuation Form

Leaders of Established Education Abroad Non-Credit Programs may **submit this form, a detailed itinerary, budget, and description of any changes to the program since the last offering** in place of a full program proposal, per [UPP 1-18](#). 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.: _____

Student Leader Name (First & Last) _____

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](#), including supporting documentation.

Description ☐ Attached

Please attach a description of any changes to the program since the last offering.

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 Signature: _____

Date: _____