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:

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<th>Requirements/ Academic Activity</th>
<th>Completion Date</th>
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Name (print) ____________________________________________________________

Signature ____________________________________________ Date ______________

Telephone ____________________________________________________________