

CUSTOM SHORT-TERM PROGRAM FORM

This form is to be used to request a customized Short-Term program for Millersville University. Please ensure all information provided is correct and complete before returning this form to the Office of International Programs and Services.

Group or Agency Name:	Contact Person Name:	Telephone:	Email:
Address:	City:	State/Province:	Country:

PROGRAM INFORMATION

Estimated date of arrival: Approximate number of participants: ... 6-9 ... 10-14 ... 15-w	Desired length of program: ... 2 Weeks ... 3 Weeks ... 1 Month ... 1 Semester ... Other:
---	---

