International Students and Scholars Center

STUDENT TIMELINE FOR COMPLETION

This form must be typed

TASK COMPLETION DATE (MM/DD/YYYY)	TASKS (Include details of each specific task including research topics, location, length & description)

Note: Attach additional pages if necessary.

Student Signature Student Name (please print) ASU ID number Date

ENDORSEMENT BY ACADEMIC DEPARTMENT

I concur with this student's time-line for completion. I have reviewed the date by which each task is scheduled to be completed and agree that the dates are reasonable and the tasks should be completed no later than the given date.

Academic Advisor or Department Chair Signature Name and Title Date