

CONFIRMATION OF SUMMER ACTIVITIES

Please return to your IIE Regional Center by February 15, 2007.

Name: _____ Grantee ID Number: _____

Home Country: _____ Field of Study: _____

U.S. Academic Institution: _____

Academic Degree: _____ Degree or Program Completion Date: _____ / _____
month / year

Total number of credit hours to be completed by the end of spring 2007 semester/term: _____

Total number of credit hours required for degree: _____

If you currently hold an award from your academic institution, have you applied for a renewal of your award for the 2007/2008 academic year? Yes No

If No, please explain: _____

Plans for summer (June, July and August 2007).

List courses and credits for which you will enroll during the summer 2007 semester/term. If you are working on your thesis, indicate thesis topic and confirm that you will be studying full time.

Explain your plans beyond August 2007.

Signature: _____ Date: _____

ACADEMIC ADVISOR'S COMMENTS:

Please comment on the above student's academic progress and confirm her/his expected degree completion date.

Signature of Academic Advisor: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ E-mail: _____