INSTITUTE OF INTERNATIONAL EDUCATION

ACADEMIC PROGRAM REPORT

This is a required report for the information of IIE and your program sponsor.
Due: 15 October (fall term)
15 March (spring term)

Regional Office check one:

☐ New IIE grantees complete and sign Page 1, then return form to the IIE office indicated.

☐ All others complete entire form except Section C and give to your Academic Adviser who should then complete Section F and return to the IIE office indicated.

IIE Regional Center:

SECTION A.

NAME: _____ SPONSOR: _____

MAILING ADDRESS: _____ ACADEMIC INSTITUTION: _____

_____ FIELD OF STUDY: _____

E-MAIL ADDRESS: _____ TELEPHONE NUMBER: _____

ACADEMIC CLASSIFICATION (circle one): Fr. Soph. Jr. Sr. Sp. Student Other _____

DEGREE CANDIDACY IF NOW AUTHORIZED (circle one): Ph.D. Master's Bachelor's Associate

CERTIFICATE OR OTHER NON-DEGREE PROGRAM (specify): _____

PERIOD FOR WHICH YOUR FELLOWSHIP IS AUTHORIZED AT PRESENT: from _____ to _____

ESTIMATED COMPLETION DATE OF PROGRAM OR DEGREE WHICHEVER IS APPLICABLE: _____
Month/Year

SECTION B. DESCRIPTION OF YOUR STUDY PROGRAM

List all courses for which you registered this term and plan to register for next term. Give credit hours you will receive for each course. Indicate any audit courses. If you have competed all your coursework, describe your current program (e.g., if you are working on your thesis).

PRESENT TERM		PLANNED FOR NEXT TERM	
Full Course Title	Credit Hours	Full Course Title	Credit Hours

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SECTION C.

ACADEMIC ADVISER: _____
Name Department/Telephone

Did your academic adviser assist you in planning your first-term coursework? ☐ Yes ☐ No

If not, which faculty member did so? _____
Name Department/Telephone

Has your adviser agreed that your course load is a full-time program? ☐ Yes ☐ No

If not, please explain:

SECTION D.

SIGNATURE: _____ DATE: _____

SECTION E. STATUS OF YOUR PROGRAM, IF YOU ARE CANDIDATE FOR DEGREE OR CERTIFICATE

(i) NUMBER OF:	Required for Degree or Certificate	Total Completed at End of Present Term
Credit Hours	_____	_____
Terms of Residency	_____	_____

(ii) QUALIFYING EXAMINATIONS: (if applicable)	Required	Not Required	Date Passed	Approximate Date Scheduled
Preliminary	_____	_____	_____	_____
Comprehensive	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

(iii) THESIS: ☐ Required ☐ Not Required

Has the topic been accepted by your department? ☐ Yes ☐ No

Estimated date for beginning research: _____ Duration of research: _____

Location of research: _____

Short description of proposed thesis:

(iv) COMMENTS: (You are requested to include comments on your program, progress, or any problems.)

SECTION F. TO BE COMPLETED BY ACADEMIC ADVISER

After reviewing the information provided by the student please direct your comments to the following points. Your remarks are vital to IIE and the student's sponsor: (a) Academic progress and rate of progress toward stated objectives. (b) Does the outlined course load constitute a full-time program of study? (c) Do you agree with student's estimate of time needed to complete stated objective? (d) Any special academic or personal circumstances affecting study program?

Name and Title of Academic Adviser: (please type or print) _____

Department: _____ **Telephone:** _____ **E-mail:** _____

Signature: _____ **Date:** _____

IIE use only _____ R.O.: _____ STP: _____
Program No. Initials/Date Initials/Date