BSMP ACADEMIC TRAINING ARRIVAL & ADDRESS REPORT FORM

Upon arrival all Brazil Scientific Mobility Program students are required to report their commencement of Academic Training activities and physical residence address. You must send this form to IIE via *BrazilAT@iie.org* within ten (10) days of commencing your AT activities. If you fail to report this information to IIE within these ten (10) days, your legal status in the United States will be put in jeopardy. Failure to report your arrival as instructed can be grounds for termination. Please note that a Post Office Box ("P.O. Box") or you Academic Training site's addresses are not acceptable.

PART A – To Be Completed by the Student:

FIRST NAME: _____ LAST NAME: _____

SEVIS N NUMBER (*found at the top right of your DS-2019 form*): _____

IIE ID NUMBER (*this should start with "151"*): _____

HOME ADDRESS IN THE U.S. DURING ACADEMIC TRAINING:

NUMBER AND STREET NAME: _____

BUILDING NAME AND ROOM # (*if applicable*): _____

CITY: _____ STATE: _____ ZIP CODE (*5 digits*): _____

Is this the same home address you noted on your Request for Academic Training Approval form? ☐ Yes ☐ No

EMAIL ADDRESS: _____ TELEPHONE: _____

NAME OF ACADEMIC TRAINING SITE: _____

By signing this Confirmation of Arrival, I hereby certify that the above information is true and correct. I also reconfirm my commitment to comply with section 212(E) of the Immigration and Nationality Act, the two year home residency agreement. My signature below confirms that I will comply with the two-year home country residency requirement and fulfill my obligation to return to Brazil upon completion of the Brazil Scientific Mobility Program. Conclusion of my academic training should not lead to permanent employment in the United States. In addition, I acknowledge and accept that IIE has full discretion to cancel my visa sponsorship at any point should conditions warrant such action, and that I am bound to all provisions and obligations stipulated in my original Terms of Appointment as well as the laws of the United States.

EXCHANGE VISITOR SIGNATURE: _____ DATE: _____

PART B –To Be Completed by Academic Training Supervisor:

THE ABOVE STUDENT COMMENCED HIS/HER ACADEMIC TRAINING ON: _____/_____/_____(*month/day/year*).

THE ABOVE STUDENT'S LAST DAY OF ACADEMIC TRAINING IS: _____/_____/_____(*month/day/year*).

I hereby confirm that the above student has commenced his/her authorized Academic Training activities. I am aware that this Academic Training opportunity granted under the J-1 Exchange Visitor Program is limited and is not intended to lead to permanent employment within the United States. I agree to notify IIE immediately should the approved academic training activities change in any way whatsoever. *If unable to certify, please explain by attaching a separate sheet.*

SIGNATURE OF SUPERVISOR: _____ DATE: _____

NAME OF SUPERVISOR: _____ TITLE OF SUPERVISOR: _____

TELEPHONE: _____ EMAIL: _____