STUDENT REPORT – INITIAL

You must complete this form, have it signed by your Academic Advisor at your U.S. Host Institution, and return it to IIE via email to BSWBreports@iie.org after you have registered for your first semester classes. This report is due within 15 days from the Program Start/Arrival Date written on your Terms of Appointment.

NAME: _____ **SEVIS ID:** N_____

FIELD OF STUDY: _____ **IIE ID:** _____

NAME OF U.S. UNIVERSITY: _____

U.S. RESIDENCE ADDRESS:

NUMBER AND STREET NAME: _____

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

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

EMAIL: _____ **TELEPHONE:** _____

DATE OF ARRIVAL IN U.S.: _____ *(mm/dd/yyyy)*

ACADEMIC TERM (Check one): Fall ☐ Winter ☐ Spring ☐ Year: _____

(Check one): QUARTER ☐ or SEMESTER ☐ or TRIMESTER ☐

SECTION A – ACADEMIC REPORT

Please list the courses you have registered to take for the _____ quarter/semester/trimester of 20____:
(Fall/Winter/Spring/Summer)

Academic Department	Title of Course	Is this an undergraduate level course?	Number of Credits
Example: Electrical Engineering	*ECE1220: Electrical Circuits and Signals*	*Yes or No*	*4*
		Total Number of Credits	

It is recommended that you keep a copy of this completed form for your records. Please scan and email to BSWBreports@iie.org

SECTION B – COMMENTS AND RECOMMENDATIONS

Please share your experience in the United States thus far, with particular reference to whether you received sufficient information concerning your departure and whether this academic program is meeting your expectations (e.g. housing and meal accommodations, transportation, student support, health services, etc.). Please share any recommendations you may have on how to improve the program. *Please attach a separate page if necessary.*

Endorsement of Brazil Scientific Mobility Student:

By signing below, I hereby certify that the aforementioned information is true and correct and that I acknowledge/confirm the following:

- When registering for classes, I consulted with my academic advisor and/or international student advisor to ensure that I not only am of full-time status as defined by my U.S. host institution, but also that I have met any other minimum academic requirements as set forth therein.
- I understand that it is my responsibility to maintain full-time status, and if I do not, then I am effectively ending my BSMP scholarship and must return to Brazil immediately.
- I understand that it is not recommended I enroll in graduate-level coursework, unless other deemed appropriate and approved, as these classes may be more rigorous as well as laborious.
- I understand that if I reduce the number of credits I am enrolled in after my U.S. host institution's published deadlines, even if I did not attend the course, that I may be held financially responsible for paying any tuition or fees pertaining to the credits dropped.
- I understand that I must inform IIE immediately if I have any difficulty meeting academic requirements, remaining in good academic standing, or maintaining full-time status at any point during my authorized program.

_____ _____

Exchange Visitor's Signature Date

Endorsement of Academic Advisor:

I have reviewed the above study plan and hereby certify that this student is registered for and participating in a full-time course load for the quarter/semester/trimester stated above. Moreover, this student complies with the definition of full-time status under J-1 visa regulations as defined by our institution and will adhere to IIE's policy as indicated above.

_____ _____

Name and Title of Academic Advisor Signature

_____ _____

Telephone Email

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