STUDENT REPORT- MID-PROGRAM

You must complete this form, have it signed by your Host Institution Supervisor and return it to IIE via email to BSWBreports@iie.org after you have received the final grades for your first academic term.

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 – ACADMEIC REPORT

Please list the courses you took during your first term and the grade you received for the _____ quarter/semester/trimester of 20____: (Fall/Winter/Spring)

Academic Department	Title of Course	Is this an undergraduate level course?	Number of Credits	Grade
Example: Electrical Engineering	*ENGN1220: Electrical Circuits and Signals*	*Yes or No*	*4*	*A-*
			GPA:	

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 – FUTURE COURSEWORK

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

Please note it is your responsibility to inform IIE if your course schedule for the academic semester changes.

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	

SECTION C – ENDORSEMENT

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 of Academic Advisor

_____ Signature

_____ Telephone

_____ Email

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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.

_____ _____

Student's Signature Date

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