

Advisor Completes This Section

Please note the date of completion is the date of the semester that the student will complete his/her degree requirements.

The student named above, will complete/has completed all requirements for:

(Check one)

Bachelor's Degree Master's Degree Other

Field of Study: _____

I anticipate that this student will complete all the requirements for the current program of study on or about:

Fall: _____ Winter: _____ Spring: _____

Summer: Term 1: _____ Term 2: _____

The student is currently enrolled: Full-Time Part-Time

The student is currently enrolled for the following courses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Advisor's Name: _____ Date: _____
(Please Print)

Advisor's Signature: _____ Telephone: _____

For Office Use Only

ISSC Action: _____ Date: _____

Initials: _____ Entered in SEVIS (Date): _____

Student Contacted (Date): _____ SEVIS RTI Screen Printed: _____

PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE INTERNATIONAL STUDENT SERVICE CENTER