





*If you had failing grades in any of your intensive English courses, use the space below to explain the circumstances and why you were unable to meet the minimum requirements to pass these courses. If you require additional space, please attach a separate sheet.

SPRING 2014 ACADEMIC PROGRAM TERM

Please list the courses you have registered to take for the Spring quarter/semester/trimester of 2014:

Please note it is your responsibility to inform IIE if your course schedule for the academic semester changes. If IIE receives an invoice for a course not listed here, you will be responsible for the costs.

*****None of your coursework should be online. No online courses will be covered by your scholarship.*****

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

SECTION B – End of Program

It is expected that upon completing your Summer Activity you will complete your academic program at your current U.S. host institution. Accordingly, you must provide the last of date of the Fall 2014 finals week for your U.S. host institution below.

Last date of the Fall 2014 finals week: ____/____/____

Please be aware the date you provide above will be used to amend your Program End Date and respectively your Form DS-2019 End Date. Should it be determined that the information you provided above be misleading or incorrect, you will place your legal U.S. status in jeopardy and you will be held responsible will be fully responsible for any consequences that are a result thereof. If you have any questions about this date, you should consult your International Student/Academic Advisor.



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:

- I understand that upon receipt of this signed form, IIE will update my Form DS-2019, so that my Program End Date correctly corresponds to the last day of finals I have listed herein. Per the terms of my scholarship, I understand that this date will be the last date of my visa sponsorship and scholarship and that it is my responsibility to plan accordingly. All additional costs, including those for room, board and health insurance, after my Program End Date are solely my responsibility.
- I understand that as a J-1 visa holder I must be registered as a full-time student during the academic portion of my authorized program. A full-time course load is usually defined as a minimum of 12 credits per semester. If I am considering taking more than 16 credits then I will need to receive approval from my Academic/International Student Advisor and IIE prior to the first day of classes of the respective term.
- I understand that when registering for classes, it is my responsibility to check with my Academic and/or International Student Advisor to ensure that the course-load I am enrolled in consists of at least 75% of credits directly related to my field of study, the remaining 25% or less of credits should be in academic-related coursework.
- I understand that none of my coursework should be online and that no online courses will be covered by my scholarship.
- I understand that it is not recommended I enroll in graduate-level coursework, unless otherwise 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 for _____ (BSMP Student's Name) and hereby certify that the course-load this student is registered for is (i) defined as full-time status by my institution; (ii) is appropriate for the student's aptitude; (iii) consists of at least 75% of credits directly related to his/her field of study, with the remaining 25% or less of credits in academic-related coursework; and (iv) meets all institutional requirements and any other minimum academic requirements set forth by my institution and the BSMP program policies as outlined in the student's Terms of Appointment (TOA). I also confirm that the last day of finals week listed above is based upon the most recent academic calendar available at our institution.

Name and Title of Academic Advisor

Signature

Date

Telephone/Email