



FOREIGN ADVISOR'S REPORT

1. In order for the University of Rhode Island to issue an I-20 document, we must receive this form properly endorsed by the Designated School Official.
2. By signing below, the student authorizes the current school to release information regarding his or her non-immigrant visa status.
3. Please include a copy of you current I-20 or IAP-66 with this form.

SECTION A: Please provide information about yourself.

LAST NAME		FIRST NAME	
MIDDLE NAME		DATE OF BIRTH	
SEX		COUNTRY OF BIRTH	
COUNTRY OF CITIZENSHIP		VISA TYPE	
VISA ISSUING DATE		VISA ISSUING POST	
PASSPORT EXPIRATION DATE		INS ADMISSIONS NUMBER	
WILL BEGIN STUDIES ON:			

Signature: _____

Date: _____

SECTION B: Please provide information about your dependents if accompanying you to the University of Rhode Island.

LAST NAME		LAST NAME	
FIRST NAME		FIRST NAME	
MIDDLE NAME		MIDDLE NAME	
DATE OF BIRTH		DATE OF BIRTH	
CITY OF BIRTH		CITY OF BIRTH	
COUNTRY OF BIRTH		COUNTRY OF BIRTH	
PASSPORT ISSUING POST		PASSPORT ISSUING POST	
PASSPORT EXPIRATION DATE		PASSPORT EXPIRATION DATE	
RELATIONSHIP TO YOU		RELATIONSHIP TO YOU	

LAST NAME		LAST NAME	
FIRST NAME		FIRST NAME	
MIDDLE NAME		MIDDLE NAME	
DATE OF BIRTH		DATE OF BIRTH	
CITY OF BIRTH		CITY OF BIRTH	
COUNTRY OF BIRTH		COUNTRY OF BIRTH	
PASSPORT ISSUING POST		PASSPORT ISSUING POST	
PASSPORT EXPIRATION DATE		PASSPORT EXPIRATION DATE	
RELATIONSHIP TO YOU		RELATIONSHIP TO YOU	

SECTION C: To be completed by Designated School Official only.

1. The student is presently maintaining a valid visa status: F-1 J-1
2. Is the student eligible to transfer? *If not, please select below:* yes no
 - 2a. student failed to report to this school
 - 2b. student failed to maintain full-time enrollment
 - 2c. extension of stay is needed
 - 2d. reinstatement needed or pending
 - 2e. other, please explain _____

3. Expected degree completion date: _____ - _____ - _____
4. Program length: _____ years
5. Student did not complete course of study, but terminated attendance on ____/____
6. List any previous authorized practical training:
CPT from _____ - _____ - _____ to _____ - _____ - _____ & from _____ - _____ - _____ to _____ - _____ - _____
OPT from _____ - _____ - _____ to _____ - _____ - _____ & from _____ - _____ - _____ to _____ - _____ - _____
7. Include any additional comments in the space provided:

PLEASE ENDORSE BELOW:

DSO's Name: _____ Title: _____

Institution's Name: _____ Fax: () _____

Institution's address: _____

Signature: _____ Date: _____

Please return form to:

Dr. Dania Brandford-Calvo, Director
Office of International Students and Scholars
37 Lower College Road, Kingston, RI 02881
Tel: (401) 874-2395; Fax: (401) 874-2402
E-mail: issoff@etal.uri.edu