GENERAL ACADEMIC INFORMATION FORM

I. STUDENT INFORMATION (To be completed by the student)

☐ F-1 degree student  ☐ F-1 non-degree student  ☐ J-1 degree student  ☐ J-1 non-degree student
Undergraduate student ☐ Graduate student: (☐ Post Graduate Certificate ☐ Master’s ☐ Doctoral)

Student’s Name: ________________________________________ (last) ________________________________________ (first)

RUID# ________________________________________ Student’s phone # ________________________________

Email: ________________________________________ Major: ________________________________________

College/Dept/School: ____________________________ Passport expiration: ____________________________

II. ACADEMIC INFORMATION

(To be completed only by the academic dean or the graduate program director)

**RBHS – must be completed by registrar

Regulations stipulate that all F-1 and J-1 students make normal progress towards their degree at all times

Please provide information on when this student completes, or is now reasonably expected to complete, each of the following stages of his/her academic program as noted:

- Completion of all coursework (for degree seeking students): (month/year) __________
- Completion of all program requirements (including defense, where applicable): (month/day/year) __________
- Completion of diploma (for degree seeking students): (month/year) __________ (May/Oct/Jan)
- Number of credits remaining for program completion: __________
- Is this student being permitted to register for the next academic semester: ☐ Yes ☐ No

If this student has a University assistantship or fellowship. Please detail:

☐ T.A. ☐ G.A. ☐ Fellowship ☐ Other/Personal (explain) ____________________________________________

Period of current funding: From __________ to __________ * (or Academic Year 20____ *)

Stipend for above period: ____________________________ Tuition remission: ____________%

* If current funding ends prior to expected completion of degree requirements; will this student continue to receive University funding (barring significant unanticipated budget cuts)?

☐ Yes ☐ No

I certify that all information provided on this form is accurate to the best of my knowledge and judgment.

Name of Academic Official (dean/ program director/ registrar) ____________________________

Email of Academic Official ____________________________

Phone ____________________________ Program ____________________________

Signature of Academic Official ______________________________________________________________________