**Rutgers Global – International Student and Scholar Services**

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**Newark**
65 Bergen Street, GA-72
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# 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 <u>normal progress</u> 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 <u>coursework</u> (for **degree seeking** students): (month/year) _____
- Completion of <u>all program requirements</u> (including defense, where applicable): (month/day/year) _____
- Completion of <u>diploma</u> (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 _____