Glasscock School of Continuing Studies
Language Programs

Dear International Student:

To complete your admission to the Rice University Intensive English Program and issue you an I-20, Certificate of Eligibility, we must have a Foreign Student Advisor’s Report completed by your current school. Please take this form to the appropriate office or person and ask that this form be mailed or faxed directly to us or given to you in a sealed envelope. Your signature indicates that you are giving permission to the school to answer the questions below.

Student’s Name ____________________________________________  Country of Citizenship ________________________________

Student’s Signature _____________________________________  Date __________

FOREIGN STUDENT ADVISOR’S REPORT

Dear Foreign Student Advisor:

Please answer the questions for the above-named student and return this form in a sealed envelope to the student, or fax or mail it directly to:
Pamela J. Howard, Associate Director
GSCS Language Programs – MS-550
Rice University
P.O. Box 1892
Houston, TX  77251-1892
FAX: 713-348-6131  TELEPHONE: 713-348-4019  EMAIL: esl@rice.edu

1. Type of visa: _____ Initial completion date (I-20, Line 5) __________

2. How long has this student been at your institution?
   From: ___________    To: ___________

3. Student’s degree program: ____________________________________ Major: _____________________________

4. Is the student currently in legal status with immigration?   YES ___   NO ___
   If not, please explain ________________________________________________

5. Would the student be permitted to return to your institution?  YES ___   NO ___

6. SEVIS release date (please choose):
   [ ] Upon Proof of Acceptance
   [x] Specific date (please specify) _____/_____/_____

7. On the back of this paper, please comment on any difficulties the student has had with finances, health, cultural or academic adjustment, compliance with regulations, etc.

Name of Institution __________________________ Signature of School Official ______________________ Telephone # ________

Date ______________ Name (printed) Position __________________ Fax # ________