

## **Foreign Student Advisor's Report**

**Note:** Only *nonimmigrant* students who have been attending school *in the United States* are required to submit this form.

| Applicant's Na  | me:<br>Last (family)   | First                           | Middle                                  |
|-----------------|--|---------------------------------|---|
|                 |  |                                 |   |
| Home Address    | :  |                                 |   |
| To the App      | licant:  |                                 |   |
| or the most re  | s form and request that it be completed by the cently attended. Your admission will not be finquested below to be forwarded to Middlesex | alized until this form is rece  | ived. I grant permission for the        |
|                 | Applicant's Signature  |                                 | Date                                    |
|                 | ign Student Advisor:   |                                 |   |
| The student na  | med above is applying for admission to Middles   | ex College. Please fill out and | I return this form to the address below |
| 1. Is this stud | ent eligible to continue at your institution?  | ☐ Yes ☐ No (If not pl           | ease explain.)                          |
|                 |  |                                 |   |
| 2. Date of gr   | aduation/termination of study:   |                                 |   |
| 3. Has the st   | udent met all financial obligations?   Yes   | ☐ No                            |   |
| 4. For F-1 visa | a holders:   |                                 |   |
| a. Is the st    | udent maintaining duration of status? $\Box$ Y   | es 🗆 No                         |   |
| b. Is the st    | udent pursuing a full course of study? $\ \ \Box$ Y  | ′es □ No                        |   |
| c. Degree       | pursued at your institution:   |                                 |   |
| d. Comple       | tion date noted on original I-20:  |                                 |   |
| e. Please I     | st any periods of practical training:  |                                 |   |
| pre-con         | pletion months post-comp   | letion months                   | curricular months                       |
| 5. Please pro   | vide a copy of the student's I-20ID and origin   | al I-20 if available.           |   |
| 6. Comments     | :  |                                 |   |
|                 |  |                                 |   |
|                 | Name   |                                 | Title                                   |
| Institution:    |  |                                 |   |
| Address:Tel     |  |                                 | phone:                                  |
|                 |  |                                 |   |
|                 | Signature  |                                 | Date                                    |

## **Admissions**

2600 Woodbridge Avenue, Edison, NJ 08818-3050 middlesexcollege.edu/admissions/international-applicants