





ACADEMIC TRAINING REPORT/DEPARTURE FORM **FALL 2012 COHORT**

This form is intended to facilitate notification of your completion of your Brazil Scientific Mobility Program (BSMP) and departure from the United States. As per J-1 visa regulations the information gathered here will not only be kept on file at the Institute of International Education (IIE), but will also be used to report your immigration status to the U.S. Department of Homeland Security (DHS). Accordingly, you must complete this form, have it signed by your AT Supervisor, and return it to IIE via brazilAT@iie.org within the 30 days prior to the end date of your authorized program as stated on your Terms of Appointment.

You will not receive your Brazil Scientific Mobility Program Completion Certificate until you have submitted this form to IIE and completed the confidential online Academic Training Reflection survey. IIE ID: ______ SEVIS Number: N_____ FIRST NAME: _____ LAST NAME: ____ NUMBER AND STREET NAME: _____ BUILDING NAME AND ROOM # (if applicable): _____ STATE: _____ ZIP CODE (5 digits): _____ E-MAIL ADDRESS: ______ TELEPHONE NUMBER: _____ U.S. HOST INSTITUTION: _ U.S. ACADEMIC TRAINING SITE: _____ UNIVERSITY IN BRAZIL: DATE OF ARRIVAL IN U.S.: _____/ 20____ (month/day/year) END DATE ON YOUR TERMS OF APPOINTMENT: ____/ 20____ (month/day/year)

SECTION I – Academic Report

Please list all the courses you took during your program. If your academic program included other activities such as dissertation, research or credit-bearing internship please indicate this as well.

Term and Year (Fall, Winter, Spring or Summer)	Course Title	Credits

I have requested my host institution's Registrar office to send IIE a final official cumulative transcript to the address written below:

Check one.

YES

Institute of International Education Brazil Scientific Mobility Program - Academic Reporting **809 United Nations Plaza** New York, NY 10017

Please direct any questions regarding official transcripts to (212) 984-5477 or bswbreports@iie.org.

NO

SECTION II – Departure Plans

You are required to provide IIE with the details of your departure (the name of the airline/transit company and flight/train/bus numbers, the date of anticipated departure, the city of departure from the U.S.) and your permanent address/contact information in Brazil. It is imperative that you inform IIE if your departure date or plans change for any reason

Anticipated Da	te of Departure**:/ 20(month/day/year)
Please provide	the name of airline/transit company and flight/train/bus numbers:
U.S. city from	which you will depart:
Travel paid by	(CAPES, CNPq, personal funds, etc.):
Permanent Ado	lress in Brazil:
Email:	Telephone in Brazil:
	to remain in the U.S. during your 30-day grace period, as defined on the last page of this form, please proposed activities and your means of financial support (indicate amount and source of funds) below:

Travel Grace Period - Following the completion of a J-1 exchange visitor's program, the United States Citizenship and Immigration Services (USCIS) allows exchange visitors 30 days to settle their affairs, travel and visit friends/family, and prepare for departure. This is commonly referred to as the "Grace Period." During this 30-day grace period, J-1 exchange visitors are no longer in J-visa status, and are then under the jurisdiction of the USCIS. Under no circumstances can exchange visitors continue and/or complete exchange activities; this includes taking classes/final exams, conducting research, or participating in Academic Training/internships. Please note that while you may travel within the U.S., we recommend that you do not travel beyond the borders of the United States as you may not be permitted re-entry.

SECTION III – Health Insurance Coverage

Optional: Below is a list of companies in the United States that offer health insurance plans. If you are considering remaining in the U.S. for any portion of your 30-day grace period (as defined on the last page of this document) and your current insurance plan does not provide you coverage during this time, it is your responsibility, should you choose, to enroll in and pay for your own health insurance plan. Please note that this list is for informational purposes only, it does not represent any endorsement by IIE.

CareMed International Travel

Insurance

www.isoa.org

All Aboard Benefits
1-800-462-2322

<u>www.allaboardbenefits.com</u> 1-855-547-6499 <u>http://caremed-travel.net/</u>

CMI Insurance Specialists 1-410-583-2595 1-410-583-8244 fax http://www.cmi-insurance.com ISO Student Health Insurance 1-800-244-1180

Travel Insurance Services 1-800-937-1387 <u>www.travelinsure.com</u>

United Healthcare Student Resources 1-800-767-0700 https://www.uhcsr.com

SECTION IV – Written Academic Training Reflection

In order to analyze and reflect on the effectiveness and approanswer the follow questions. You must also complete the Athe Academic Training Reflection survey online at
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ACADEMIC TRAINING ENDORSEMENT AND EVALUATION

2. In what ways do you feel the program meet the student's training goals? 3. Would you accept another BSMP student for an internship in the future? Yes, definitely. No, definitely not.* I'm not sure.* * Is there an aspect of the AT component of the Program and/or process that you feel should be changed? 4. Did the student meet your overall expectations (performance, demeanor, professionalism, work ethic, etc.)? 5. Do you have any additional comments you would like to share about your experience hosting a BSMP student for Academic Training? 6. May IIE use your comments on its website or in other materials? Yes. Maybe—please contact me first. No, please do not use my comments in any materials or online.	To be completed by the Academic Training Provider:
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Name of Advisor/Supervisor: Title:	 □ Yes. □ Maybe – please contact me first. □ No, please do not use my comments in any materials or online.
Name of Advisor/Supervisor: Title:	Signature of Advisor/AT Supervisor: Date:
Name of University/Institution/Company/Organization:	
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Please submit this form to IIE at <u>BrazilAT@iie.org</u> or by fax to 212-984-5484.