



**PROGRESS REPORT  
FOR DEGREE STUDENTS  
FULBRIGHT FOREIGN STUDENT PROGRAM**

*Information should be entered for the upcoming semester (i.e. for the semester that you have just begun).*

**PART ONE:** *To be completed in full by the student.*

ACADEMIC TERM & YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME COUNTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_

\_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

\_\_\_\_\_

DEGREE & FIELD: \_\_\_\_\_

PROGRAM START DATE: (mm/dd/yyyy): \_\_\_\_\_

ESTIMATED DATE OF COMPLETION: (mm/dd/yyyy): \_\_\_\_\_

MAXIMUM FUNDING DATE (As stated in the Terms of Appointment (mm/dd/yyyy)): \_\_\_\_\_

**PART TWO:** *To be completed in full by the student.*

Credit Hours Required for Degree: \_\_\_\_\_

Cumulative Credit Hours Completed (to date): \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

Is your university on the  quarter system or  semester system?

Please state the beginning and end dates of your academic term: \_\_\_\_\_

Please list the courses in which you are currently enrolled:

Course Number	Course Title	Credit Value	Grade or Audit?

**NOTE:** The Fulbright Program requires you to forward a university-issued grade report to AMIDEAST at the end of each term. Failure to do so will result in a delay in the distribution of scholarship funds.

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART THREE:** *To be completed by the Academic Advisor.*

Please review the information in PARTS ONE and TWO and answer the following questions. Your comments are essential to your advisee's successful participation in the Fulbright Program.

1. According to the regulations of your institution, is the student enrolled in a full-time program of study?  
 Yes  No

If the student has been given permission to take a reduced load, please explain why:

2. In general, how would you rate this student's progress in his/her academic program?  
 Outstanding  Very Good  Good  Satisfactory  Poor

How would you compare this student's overall academic performance with that of other graduate students in your department?

3. Does the student have any incompletes?  
 Yes  No

If yes, please explain the circumstances, the deadline for eliminating the incomplete grade, and what the student needs to do to finish the course.

4. The student's Estimated Completion Date (ECD) and the Maximum Funding Date (MFD) are stated in PART ONE of this form. The ECD is the date that the student and the academic adviser expect that he/she will complete his/her program. The MFD is the FINAL date the student is eligible to receive full funding through AMIDEAST. **This date is stated in the Fulbright Terms of Appointment and does not change.** Please note that the student's funding is terminated when the student completes all program requirements, or upon reaching his/her Maximum Funding Date (MFD), **WHICHEVER COMES FIRST.**

- a) Is the ECD printed in PART ONE of this form correct?  yes  no  
If not, when do you expect the student to complete his/her program? \_\_\_\_\_

If it appears that the student cannot complete his/her program requirements on or before the MFD, please inform his/her AMIDEAST advisor immediately. Additional funding becomes available only under extraordinary circumstances and special approval is required of the United States Department of State. If you believe that such approval is warranted, and no financial assistance would be available through your institution to cover the period beyond the MFD, please attach a separate letter explaining the need for additional time and continued funding through AMIDEAST.

Academic Advisor's Name (Please type or print): \_\_\_\_\_

Department: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_