To the Academic Adviser/Department Head/DGS: The information on this form assists ISSS in determining the student’s academic eligibility to receive ISSS Need-Based Academic Support funding. The student’s application will not be processed until this form is completed.

Please return the completed form to the student. ISSS appreciates your assistance in completing this form.

1. I verify that [Student’s Name] is expected to complete all requirements for degree completion by the end of [Semester and Year].

2. This student is currently pursuing a [Degree] in [Major].

3. This student is currently enrolled for [Number of Credits] credits in the current/upcoming term. After successfully completing these credits, the student will need [Number of Credits] additional credits to complete his/her degree.

Please check any statements that apply:

☐ The student is making satisfactory progress toward the completion of the degree requirements.

☐ The student is on academic probation or suspension.

☐ (Grad/Prof only) The student will register for thesis credits in [Semester and Year].

☐ (Grad/Prof only) The student has completed all required coursework and has scheduled preliminary exams for [Semester and Year].

Academic Adviser Signature: ___________________________  Today’s Date: ____________

Name (Please Print): ___________________________  Phone: ___________________________

Department or College: ___________________________