

Graduate Major Advisor Verification Form Off-Campus Study (OCSG 998) - Academic Research/Independent Study

This is to confirm that the following student will be completing academic work under my supervision:

Applicant Information

First Name:

Last Name:

URI ID Number:

Independent Study, Research, Internship Information

Site/Company/Institution where academic work will be completed:

City and Country where academic activity will be carried out:

Please provide a brief overview of academic work being pursued:

Semester/Term of Activity:

Year:

Anticipated start date:

and end date of activity (mm/dd/year):

URI Course Enrollment Information

URI Credit Option (OCS 998)			While completing the academic activity listed above, the student should be enrolled in the e-Campus system for the course(s) listed below.
URICourse Code	URI Course Title	Credits	Instructor of Record

Graduate Advisor Name:

Graduate Advisor Signature:

Date:

Return this form to: URI Office of International Education, International Center, 37 Lower College Rd., Kingston, RI 02881
oie@etal.uri.edu – tel. (401)874-554/2395 – fax (401)874-4573 – www.uri.edu/international