

**TO BE COMPLETED BY STUDENT**

Student's Name \_\_\_\_\_  
Last Name First Name Middle Name

C.W. Post ID# \_\_\_\_\_ Phone \_\_\_\_\_

*By signing, I certify that the information is true and accurate. I am aware that any questions regarding this form should be directed to International Student Services, (516) 299 – 1451, prior to signing the form.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THESIS ADVISOR**

1. Degree Expected:  Doctorate  Graduate  Undergraduate  Other \_\_\_\_\_

2. Major field of Study: \_\_\_\_\_

3. Has the student completed all courses for their degree?  YES  NO

If yes, please indicate course completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Has the student completed their thesis defense?  YES  NO

If yes, please indicate the final thesis completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Academic Advisor Authorization**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Number \_\_\_\_\_

**Please return this original document to the International Student Services Office, lower level of Post Hall or scanned copy via email to the appropriate immigration advisor.**

**If you have any questions, please contact ISS at 516-299-1451.**