

INTERNATIONAL STUDENT & SCHOLAR SERVICES

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F-1 International Student Off-Site Research Form *For off-site research taking place during Fall or Spring semesters*

STUDENT INFORMATION

Family Name: _____ Given Name: _____
UConn ID #: _____ UConn Program (e.g. PhD Philosophy) _____
E-mail Address: _____ Phone Number: _____

OFF SITE RESEARCH INFORMATION

Name and Address of Research Facility: _____

Brief description of off-site research: _____

Physical address (where you will live – if known): _____

If address is in the U.S., you must also update Current Local address in StudentAdmin.

Dates of research: _____

Course registration during semester(s) away – List course name and # of credits for each semester away:

ACADEMIC ADVISOR CONFIRMATION

How will you supervise your advisee's academic work? Choose all that apply, and circle frequency.

___ I will supervise the research on-site, full time
___ Site visits daily weekly monthly semesterly
___ Emails daily weekly monthly semesterly
___ Phone calls daily weekly monthly semesterly
___ Video conferencing daily weekly monthly semesterly

Please comment on methods of supervision: _____

Is the off-site research opportunity sponsored (e.g. arranged) by UConn? Yes ___ No ___

Will your advisee maintain a GAsip during the semester of off-site research? Yes ___ No ___

Advisor Name

Advisor Signature

Email address/Phone Number