



## Confirmation of Grantee Presence at Host Institution

LASPAU requires confirmation of arrival at your host institution before we can issue any further maintenance payments.

- If you are studying in the United States, please complete and send this form via scanned e-mail attachment or fax to your LASPAU program advisor within **15 days of the start date on your DS-2019 form**. LASPAU requires prompt return of this form to ensure that you remain in compliance with U.S. immigration laws.
- If you are studying in another country, please complete and send this form via scanned e-mail attachment or fax to your LASPAU program advisor within **15 days of the start of your program**.

**Grantee name (as it appears in passport):** \_\_\_\_\_  
*Last name(s)* *First name(s)*

**Grant sponsor (Fulbright, OAS, etc.):** \_\_\_\_\_ **Home country:** \_\_\_\_\_

**Host institution:** \_\_\_\_\_ **Host country:** \_\_\_\_\_

**LASPAU program advisor:** \_\_\_\_\_  
*First name* *Last name*

**Residential address at place of study:** \_\_\_\_\_  
*Street number and street name* *Apartment number (if applicable)*

\_\_\_\_\_ *City* *State/Province* *Country* *Postal/Zip code*

*Please contact your LASPAU program advisor if your residential address at your place of study changes at any point during your program.*

**Date of arrival at your host institution:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm* *dd* *yyyy*

**Start date of international student orientation:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Start date of academic program:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm* *dd* *yyyy* *mm* *dd* *yyyy*

**Expected date of academic program completion:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm* *dd* *yyyy*

**Name of institution official:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**“I certify that the above-named student has arrived at this institution and is enrolled full time.”**

\_\_\_\_\_  
**Signature of institution official** **Date**

<b>For Office Use Only</b>	Date Received _____	Entered in DB _____	
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