



**GENERAL SECRETARIAT OF THE ORGANIZATION OF AMERICAN STATES**

**Department of Human Development / Academic Studies Scholarships Program**

**Confirmation of Grantee Presence at Host Institution**

The General Secretariat of the Organization of American States (GS/OAS) Department of Human Development and LASPAU require confirmation of arrival at your host institution before we can issue any payment for subsistence.

- If you are studying in the United States, please complete and fax this form to the OAS at fax number (202) 458 3897 and to your OAS scholarship advisor at LASPAU at (617) 495 8990 **within 15 days of the start date on your DS-2019 form.**
- If you are studying in another country, please complete and fax this form to the OAS Scholarship Advisor **within 15 days of the start of your program.**

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

**OAS Scholarship Advisor:** \_\_\_\_\_  
First name Last name

**Host country:** \_\_\_\_\_ **Type of visa:** \_\_\_\_\_

**Host institution:** \_\_\_\_\_ **Sponsoring Country:** \_\_\_\_\_

**Residential address at place of study:** \_\_\_\_\_  
Number and Street

City State/Province Country Postal/Zip code

**Please contact your OAS Scholarship Advisor if your residential address at your place of study changes at any point during your program.**

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

**University or Educational Institution:** \_\_\_\_\_

I, the above named official, 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 _____ Validated in SEVIS _____ ARO Initials _____
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