



Grantee Information

LASPAU requires information about your current address, host institution, academic advisor, and emergency contact. Please complete, sign and send the **three** pages of this form via scanned e-mail attachment or fax to your LASPAU program advisor within **30 days** of the start of your program.

PERSONAL INFORMATION

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

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

LASPAU program advisor: _____
First name *Last name*

Current residential address at place of study: _____
Number and street

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

Telephone numbers: _____
Home *Office/Work*

Email address: _____

HOST INSTITUTION INFORMATION

Host institution: _____ Host country: _____

Department: _____ Major field of study: _____

Date when academic program began: ____ / ____ / ____ Expected completion date: ____ / ____ / ____
mm dd yyyy *mm dd yyyy*

Expected degree (*if applicable*): _____ Univ. student I.D. # (*if applicable*): _____
(B.A., M.A., Ph.D., Cert., Non-degree)

ACADEMIC ADVISOR/SUPERVISOR

Name and title: _____

Relationship to grantee (*if not advisor*): _____

Office address: _____
Number and street

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

Email address: _____ Office hours: _____

Contact numbers: _____
Phone *Fax*

EMERGENCY CONTACT (*not a LASPAU staff member*)

Name: _____ Relationship to you: _____

Address: _____
Number and street

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

Telephone number: _____ Email: _____



Academic Information Release

Under the U.S. Family Educational Rights and Privacy Act (FERPA), U.S. universities cannot release information to third parties about the progress of your studies without your written authorization. In order to monitor your academic status during your program in the event of your absence, LASPAU requires authorization to receive information from your host institution relating to your academic progress.

Name: _____
Last name(s) *First name(s)*

Host institution: _____ **Host country:** _____

Department: _____

Host institution student ID number (if applicable): _____

“I understand that it is my responsibility to furnish LASPAU: Academic and Professional Programs for the Americas with my official grades and all reports relevant to my status as a student for the duration of my program.

I hereby authorize my host institution to release my academic records and other information that relates specifically to my academic progress when requested by LASPAU personnel, for the purpose of monitoring my academic status during my program.”

Signature

Date
