



# Doctorate Field Research Abroad Form

Please complete the form and return to the International Student & Scholar Services Office (ISSS) at [issimmigration@american.edu](mailto:issimmigration@american.edu) prior to your departure from the U.S.

### TO BE COMPLETED BY THE STUDENT AND ACADEMIC DEPARTMENT:

Name: \_\_\_\_\_ AU ID: \_\_\_\_\_ I-20/DS-2019 expires on: \_\_\_\_\_

School:  CAS  KOGOD  SIS  SOC  SPA  WCL Program: \_\_\_\_\_

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

Registration/Course #: \_\_\_\_\_ Title: \_\_\_\_\_ # Credits: \_\_\_\_\_

Travel/Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Country: \_\_\_\_\_

Field Research Plan – Please list all academic activities to be completed abroad and their expected dates of completion (use the back of this form if more space is needed):

Activities:	Expect to Complete by:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proposed activities and deadlines are approved and are an integral part of the student academic program. There is a plan in place to monitor the student’s academic progress while abroad. The student’s anticipated program completion date is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

_____ Name of Program Director	_____ Signature	_____ Phone	_____ Date
_____ Name of Dissertation Chair	_____ Signature	_____ Phone	_____ Date
_____ Name of Academic/Faculty Advisor	_____ Signature	_____ Phone	_____ Date

I have been advised on immigration implications of my travel. I understand while abroad I am required to maintain full time enrollment, complete immigration check-in at the beginning of each semester, and change my physical US address to ISSS address (Butler Pavilion #410, 4400 Massachusetts Ave. NW, DC 20016) through the AU Portal for the period I am abroad.

_____ Student Signature	_____ Date		
_____ ISSS Advisor	_____ Signature	_____ Phone	_____ Date