## EMBASSY OF THE UNITED ARAB EMIRATES CULTURAL ATTACHÈ OFFICE



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## **Academic Study Plan Form**

Please submit your Academic Study Plan Form, after it is filled out, signed and stamped by your University Advisor, to your Scholarship Academic Advisor during your first academic semester or quarter.

You must complete your Academic Study Plan in consultation with the appropriate university official, e.g. Dean, Department Head, University Advisor and your Scholarship Academic Advisor. You will need to meet regularly with the relevant university official to discuss your specific plan of study to meet graduation requirements.

List the course name and number of credits needed per semester/quarter in order to complete the degree requirements. It is important to send an updated form when transferring to another institute upon the Cultural Counselor's approval.

| Student's Name:                        |              |                |  |  |  |  |  |  |
|--|--------------|----------------|--|--|--|--|--|--|
| University/College:                    | ID:          |                |  |  |  |  |  |  |
| Degree:                                | Major:       | Concentration: |  |  |  |  |  |  |
| Expectation Date of Gra                | duation:     |                |  |  |  |  |  |  |
| Total Number of Credit Hours Required: |              |                |  |  |  |  |  |  |
| Total of Credit Hours Tra              | Institution: |                |  |  |  |  |  |  |
| University Advisor's Nan               | ne:          |                |  |  |  |  |  |  |
| University Advisor's Telephone:        |              |                |  |  |  |  |  |  |
| Scholarship Academic Advisor's Name:   |              |                |  |  |  |  |  |  |
| Sponsor's Name:                        |              | ID:            |  |  |  |  |  |  |
|  |              |                |  |  |  |  |  |  |

| Course Number | Course Name/Title | Number of Credits |
|---------------|-------------------|-------------------|
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| Course of Study |       |                   |           |                   |
|-----------------|-------|-------------------|-----------|-------------------|
| Term:           | Year: | Start Date:       | End Date: |                   |
| Course Number   |       | Course Name/Title |           | Number of Credits |
|                 |       |                   |           |                   |
|                 |       |                   |           |                   |
| Course of Study |       |                   |           |                   |
| Term:           | Year: | Start Date:       | End Date: |                   |
| Course Number   |       | Course Name/Title |           | Number of Credits |
|                 |       |                   |           |                   |
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| Course of Study |       |                   |           |                   |
| Term:           | Year: | Start Date:       | End Date: |                   |
| Course Number   |       | Course Name/Title |           | Number of Credits |
|                 |       |                   |           |                   |
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|                 |       |                   |           |                   |
| Course of Study |       |                   |           |                   |
| Term:           | Year: | Start Date:       | End Date  | e:                |
| Course Number   |       | Course Name/Title | N         | lumber of Credits |
|                 |       |                   |           |                   |
|                 |       |                   |           |                   |
|                 |       |                   |           |                   |

## **Course of Study** Term: Year: Start Date: End Date: Number of Credits Course Number Course Name/Title

| Course of Study                           |       |                   |         |                   |
|---|-------|-------------------|---------|-------------------|
| Term:                                     | Year: | Start Date:       | End Dat | te:               |
| Course Number                             |       | Course Name/Title |         | Number of Credits |
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|   |       |                   |         |                   |
|   |       |                   |         |                   |
| Student's Signature:                      |       |                   | Date:_  |                   |
| University Advisor's Signature:           |       | Date:             |         |                   |
|   |       |                   |         |                   |
| Scholarship Academic Advisor's Signature: |       |                   | Date:_  |                   |