Embassy of the United Arab Emirates Cultural Division



سفارة الإمارات العربية المتحدة الملحقية الثقافية واشنطن دي سى

Washington, DC

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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

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 Graduation:								
Total Number of Credit Hours Required:								
Total of Credit Hours Transferred: Institution:								
University Advisor'	University Advisor's Name:							
University Advisor's Telephone:								
Scholarship Academic Advisor's Name:								
Sponsor's Name:		I	ID:					
Course of Study								
Term:	Year:	Start Date:	End Da	te:				
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
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	e:
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Course of Study				
Term:	Year:	Year: Start Date: End Date:) :
Course Number		Course Name/Title		Number of Credits
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Course of Study					
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Course Number		Course Name/Title		Number of Credits	
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Course Number		Course Name/Title		Number of Credits	
Course of Study				<u> </u>	
Term:	Year:	Start Date: End Date:			
Course Number		Course Name/Title		Number of Credits	
<u> </u>					
Student's Signature:			Date:		
University Advisor's Signature:			Date:		

Scholarship Academic Advisor's Signature: ______ Date: _____