



MARYVILLE UNIVERSITY
 650 Maryville University Drive
 St. Louis, Missouri 63141
 314.529.9300
 maryville.edu

EVALUATION FORM FOR COMBINED PROGRAMS

PART ONE

*To be completed by the University Academic Advisor of the Requested Major and Degree of the Master Program.
 (Please attach a copy of the "Study Plan" of the requested major and degree whereby showing the graduate courses that are already completed during the undergraduate program, if any, and the suggested schedule for the remaining graduate courses.)*

Student's Full Name: _____

Student's Saudi I.D.: _____

Name of the Current Major/Degree of the Student: _____

Name of the University Academic Advisor: _____

Email of the University Academic Advisor: _____

Signature of the University Academic Advisor: _____ Date: _____

(MM/DD/YYYY)

<p>1. Total required credit hours for graduation in the student's requested master major and degree, as prescribed in the "Study Plan" of the student's requested major/degree. a. Specify whether they are semester or quarter credit hours:</p>	
<p>2. Total would-be shared/counted credit hours between the two degrees (student's requested master major and degree and student's bachelor major and degree), if any: a. Please list the name of these courses:</p>	
<p>3. Total remaining credit hours for graduation in the student's requested master major and degree (Item 1-Item 2):</p>	
<p>4. Expected date of graduation (MM/DD/YYYY), in the master requested major and degree:</p>	
<p>5. Total credit hours required to be taken in an <i>online format</i> in the requested master major and degree, if any:</p>	
<p>6. Total combined credit hours for both degrees: a. Total credit hours required for the undergraduate degree: b. Total remaining credit hours for the graduate degree:</p>	
<p>7. Expected date of full matriculation (MM/DD/YYYY), in the requested master:</p>	
<p>8. Comments (as you deem necessary):</p>	



MARYVILLE UNIVERSITY
 650 Maryville University Drive
 St. Louis, Missouri 63141
 314.529.9300
 maryville.edu

EVALUATION FORM FOR COMBINED PROGRAMS

PART TWO

To be completed by your Current University Academic Advisor of the Bachelor Program. (Please attach a copy of the "Study Plan" of the requested major and degree whereby showing any graduate courses that are already completed during the undergraduate program.)

Student's Full Name: _____

Student's Saudi I.D.: _____

Name of the Current Major/Degree of the Student: _____

Name of the University Academic Advisor: _____

Email of the University Academic Advisor: _____

Signature of the University Academic Advisor: _____ Date: _____
(MM/DD/YYYY)

<p>1. Total required credit hours for graduation in the student's bachelor major and degree, as prescribed in the "Study Plan" of the student's <i>current</i> major/degree. a. Specify whether they are semester or quarter credit hours:</p>	
<p>2. Start date in (MM/DD/YYYY) of student's bachelor academic study:</p>	
<p>3. Total transferred/counted credit hours, if any, to your University from previous Universities that the student has attended whether in Saudi Arabia or otherwise, towards the "Study Plan" of the student's bachelor major and degree:</p>	
<p>4. Total completed/counted credit hours at your University, towards the "Study Plan" of the student's bachelor major and degree, as of the last completed term:</p>	
<p>5. Total counted credit hours, towards the "Study Plan" of the student's bachelor major and degree (Item 3+Item 4):</p>	
<p>6. Total remaining credit hours for graduation in the student's bachelor major and degree, including the credit hours in progress (Item 1-Item 5):</p>	
<p>7. Expected graduation date (MM/ DD/ YYYY) in the bachelor major and degree:</p>	
<p>8. Total credit hours actually completed in an online format as of last term, if any:</p>	
<p>9. Comments (as you deem necessary):</p>	