



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

EVALUATION FORM FOR DOUBLE MAJORS

PART ONE

To be completed by the University Academic Advisor of the Requested Double Major. (Please attach a copy of the "Study Plan" of the requested Double Major whereby showing the courses that are already completed in the Double Major during the study of the current major and the suggested schedule for the remaining courses in the Double Major.)

Student's Full Name: _____

Student's Saudi I.D.: _____

Name of the Requested 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)

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| <p>1. Total required credit hours for graduation in the student's requested major and degree, as prescribed in the "Study Plan" of the student's requested major and degree: a. Specify whether they are semester or quarter credit hours:</p> | |
| <p>2. Total transferred/counted credit hours to the student's requested major and degree (from his current major and degree):</p> | |
| <p>3. Total remaining credit hours for graduation in the requested major and degree (Item 1-Item 2):</p> | |
| <p>4. Expected date of graduation (MM/DD/YYYY), in the requested major and degree:</p> | |
| <p>5. Total credit hours required to be taken in an online format in the requested major and degree, if any:</p> | |
| <p>6. Comments (as you deem necessary):</p> | |



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EVALUATION FORM FOR DOUBLE MAJORS

PART TWO

To be completed by your Current School Academic Advisor.. (Please attach a copy of the "Study Plan" of the current major and degree whereby showing the courses that are already completed during the study of the current major and the suggested schedule for the remaining courses in the Double Major.)

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